



### Application for Admission

**STUDENT INFORMATION:**

|   |             |                                 |
|---|-------------|---------------------------------|
| Student's First Name  | Middle Name | Last Name                       |
| Student's Street Address (Include Apt #, if applicable)   |             | Date of Birth (Month/Date/Year) |
| City, State, and Zip  |             | Age                             |
| E-mail Address  |             | Home Telephone Number           |
| Current School  |             | Grade                           |
| Does the student qualify for Free and Reduced Meals at her school?<br><input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Neither <input type="checkbox"/> I don't know |             |                                 |

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| List any academic honors or awards ("Student of the Month", etc.) that have been received at school. |
| List all current extracurricular activities (sports, clubs, music/art, church, community, etc.).     |
| List any other hobbies or recreational interests.  |

**STUDENT STATEMENT OF INTEREST:** (Must be student's own original work, without parental assistance.)

Please answer the first question. Then, choose either Prompt A **OR** Prompt B for the second question.

- Why do you wish to attend Sisters Academy of Baltimore?
- Our principles of *sisterhood* and *scholarship* are very important here at Sisters Academy.  
**(a.)** What does *sisterhood* mean to you? **OR (b.)** Tell us about a time when you have excelled academically in your school/classroom.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAMILY INFORMATION:**

|   | Mother | Father | Guardian (Relationship to student _____) |
|---|--------|--------|--|
| Name  |        |        |  |
| Age   |        |        |  |
| Address   |        |        |  |
| Occupation  |        |        |  |
| Employer  |        |        |  |
| Position  |        |        |  |
| Highest Level of Education  |        |        |  |
| Home Phone  |        |        |  |
| Cell Phone  |        |        |  |
| Work Phone  |        |        |  |
| E-mail Address  |        |        |  |
| Parents' Marital Status:<br><input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent <input type="checkbox"/> Other      |        |        |  |
| Student Lives With:<br><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Mother/Step Father <input type="checkbox"/> Father/Step Mother <input type="checkbox"/> Other |        |        |  |

| Siblings and dependents living at home (not parents). Please include step-siblings and other dependents. | Age | Grade |
|--|-----|-------|
|  |     |       |
|  |     |       |
|  |     |       |
|  |     |       |
|  |     |       |
|  |     |       |
|  |     |       |

Religious Affiliation: \_\_\_\_\_ Name of Church: \_\_\_\_\_

Ethnic Background- Please check as many as you feel appropriate. (optional)

African American     Asian     Caucasian     Hispanic/Latino     Native American     Other \_\_\_\_\_

## PARENT QUESTIONNAIRE:

Note: Answers to these questions on their own will not in any way disqualify a student from admission. The more complete our information about each student, the better the decisions we can make, and the better we can serve the student.

|   |
|---|
| Does your child suffer from any serious illness, disability, physical or emotional limitations, depression or other mental health concerns?<br><input type="checkbox"/> Yes. Please explain. _____<br><input type="checkbox"/> No |
| Is there any illness or disability that impacts your daughter's academic performance?<br><input type="checkbox"/> Yes. Please explain. _____<br><input type="checkbox"/> No   |
| Does your child have hyperactivity, ADHD, or ADD?<br><input type="checkbox"/> Yes. Please explain. _____<br><input type="checkbox"/> No   |
| Does your child take any medications?<br><input type="checkbox"/> Yes. Please explain. _____<br><input type="checkbox"/> No   |
| Has your child experienced significant behavioral struggles?<br><input type="checkbox"/> Yes. Please explain. _____<br><input type="checkbox"/> No  |
| Has your child repeated a grade?<br><input type="checkbox"/> Yes. Please explain. _____<br><input type="checkbox"/> No  |
| Approximately how many days has your child been absent from school in the past year?<br>_____ days. Please explain. _____<br>_____  |
| Is your child enrolled in counseling, at school or another place?<br><input type="checkbox"/> Yes. Please explain. _____<br><input type="checkbox"/> No.  |
| Does your child have an IEP or is your child enrolled in any type of special education program, at school or another place?<br><input type="checkbox"/> Yes. Please Explain. _____<br><input type="checkbox"/> No                 |

**PARENT QUESTIONNAIRE (continued)**

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| <p>Please describe your daughter's <b>academic</b> strengths and weaknesses.</p> |
| <p>Please describe your daughter's <b>personal</b> strengths and weaknesses.</p> |
| <p>Why do you wish for this student to attend Sisters Academy of Baltimore?</p>  |

**IMPORTANT NOTE:**

It is my understanding that Sisters Academy of Baltimore is an academically challenging school with a compulsory code of attendance, dress, and conduct and that full participation of parents or guardians is necessary in order to meet the requirements of the program.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**POLICY OF NON-DISCRIMINATION**

Sisters Academy admits students of any race, religion, color, nationality, and ethnic origin to all right, privileges, programs, and activities generally accorded or made available at the school. The Academy does not discriminate on the basis of race, religion, color, nationality, or ethnic origin in the administration of its educational policies, scholarship, athletic, and other school-administered programs.

**FINANCIAL STATEMENT:**

Sisters Academy of Baltimore follows the Federal Free and Reduced Meal standards and the Financial Statement as guidelines for the financial requirements we have for admissions. As part of the Financial Statement, please submit the most recent tax return (form 1040 or 1040A) with this application.

Student Name: \_\_\_\_\_ Parent/ Guardian Completing this Form \_\_\_\_\_

Total Number of people in the household \_\_\_\_\_

| Household Names<br>List Names of all household Members, including children. | Earnings from work before deductions.<br>Do not include overtime or bonuses. |            | Welfare, child support, alimony |            | Pensions, retirement, Social Security, SSI, VA Benefits, Disability |            | All other income |            | Check if no income       |
|---|--|------------|---------------------------------|------------|---|------------|------------------|------------|--------------------------|
|   | Income   | How often* | Income                          | How often* | Income  | How often* | Income           | How often* |                          |
|   | \$   |            | \$                              |            | \$  |            | \$               |            | <input type="checkbox"/> |
|   | \$   |            | \$                              |            | \$  |            | \$               |            | <input type="checkbox"/> |
|   | \$   |            | \$                              |            | \$  |            | \$               |            | <input type="checkbox"/> |
|   | \$   |            | \$                              |            | \$  |            | \$               |            | <input type="checkbox"/> |
|   | \$   |            | \$                              |            | \$  |            | \$               |            | <input type="checkbox"/> |
|   | \$   |            | \$                              |            | \$  |            | \$               |            | <input type="checkbox"/> |
|   | \$   |            | \$                              |            | \$  |            | \$               |            | <input type="checkbox"/> |

\* How often options include: Annually, Monthly, Every 2 Weeks, Twice a Month, Weekly

|  |   |
|--|---|
| Do you or your child participate in any of the following programs? (Please check all that are applicable.) |   |
| <input type="checkbox"/> Social Security Supplemental Income (SSI)   | <input type="checkbox"/> Medicaid                                       |
| <input type="checkbox"/> Worker's Compensation income  | <input type="checkbox"/> SNAP- Food Stamps                              |
| <input type="checkbox"/> TCA- Temporary Cash Assistance, formerly TANF                                     | <input type="checkbox"/> MCHIP (MD Children's Health Insurance Program) |
| <input type="checkbox"/> HUD Subsidized Housing program: _____   | <input type="checkbox"/> Other: _____                                   |
| <input type="checkbox"/> WIC (Women Infants, and Children Program)   |   |

**CASE NUMBER**

If applicable, give the Food Supplemental Program or TCA case number for household \_\_\_\_\_

**TAX RETURNS**

I understand as part of the Assets Disclosure and Financial Statement, I need to submit the most recent tax return (form 1040 or 1040A) with this application. If taxes were not filed I will submit a letter from the Social Security Office stating the amount of you Social Security or Supplemental Security Income (SSI) or a Letter from the Department of Social Services indicating budget.

Initial: \_\_\_\_\_

I certify that all the information above is accurate for my child, my household, and me. I understand that providing misleading, inaccurate, or false information will result in my child not being able to attend Sisters Academy of Baltimore.

Signature of Parent/ Guardian who completed this form \_\_\_\_\_ Date: \_\_\_\_\_