



Sisters Academy of Baltimore

139 First Avenue
Baltimore, MD 21227-3002

Rec'd in school office _____

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? <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Neither <input type="checkbox"/> I don't know		

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:
(TO BE COMPLETED DURING A VISIT DAY AT SISTERS ACADEMY)

Our principles of *sisterhood* and *scholarship* are very important here at Sisters Academy. Please reflect upon both questions.

1. What does *sisterhood* mean to you?
2. Tell us about a time when you were a leader in your school/classroom.

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: <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: <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? <input type="checkbox"/> Yes. Please explain. _____ <input type="checkbox"/> No
Is there any illness or disability that impacts your daughter's academic performance? <input type="checkbox"/> Yes. Please explain. _____ <input type="checkbox"/> No
Does your child have hyperactivity, ADHD, ADD, or a spectrum disorder? <input type="checkbox"/> Yes. Please explain. _____ <input type="checkbox"/> No
Does your child take any medications? <input type="checkbox"/> Yes. Please explain. _____ <input type="checkbox"/> No
Describe your child's temperament. How does she work through challenges?
Has your child repeated a grade? <input type="checkbox"/> Yes. Please explain. _____ <input type="checkbox"/> No
Approximately how many days has your child been absent from school in the past year? _____ days. Please explain. _____ _____
Is your child enrolled in counseling, at school or another place? <input type="checkbox"/> Yes. Please explain. _____ <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? <input type="checkbox"/> Yes. Please Explain. _____ <input type="checkbox"/> No

PARENT QUESTIONNAIRE (continued)

Please describe your daughter's **academic** strengths and her opportunities for growth/improvement.

Please describe your daughter's **personal** strengths and her opportunities for growth/improvement.

Why do you wish for this student to attend Sisters Academy of Baltimore?

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: _____

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 List Names of all household Members, including children.	Earnings from work before deductions. 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: _____