



SAINT EDMOND'S

A C A D E M Y

2120 Veale Road
Wilmington, DE 19810-4199
Admission Office Phone (302) 475-5370
Admission Office Fax (302) 475-0913

APPLICATION FOR ADMISSION

Applicant Name (include nickname if appropriate)

_____ Last _____ First _____ Middle

Present Grade _____ **Grade Applying For** _____

Date of Birth ____/____/____ **Date of Application** _____

\$100 Application and Testing Fee is Due with Submission of Application.

Please attach a recent photo of applicant here.

Applicant Address _____

Applicant Phone Number _____

Present School _____ School Phone Number _____

PARENT INFORMATION

FATHER

MOTHER

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Address _____

City, State, Zip _____

Email Address _____

Employer _____

Position _____

Business Address _____

City, State, Zip _____

REFERENCES

CHARACTER REFERENCE

If we need any additional information, we may contact the Character Reference you provide.

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Relationship to You _____

NARRATIVE

Please provide a brief explanation why you think Saint Edmond's Academy is a good match for your son. Feel free to include any additional information you think would be helpful for us in the admission process. You may write in the space below or attach a separate sheet of paper.

SIGNATURES

I/we, the parents/guardians of the applicant, confirm that the information in this application is correct. We also give permission to use photos of my/our son in any school publication.

Signature of Father _____ Date _____

Signature of Mother _____ Date _____



APPLICANT INFORMATION

MEDICAL AND EMERGENCY INFORMATION

Name of Applicant's Physician _____ Phone Number _____

Physician Address _____

Describe any significant medical problems _____

Emergency Contact Name _____ Phone Number _____

HISTORY

Religion of Applicant _____ Parish _____

If Catholic please provide date of _____ First Penance _____ First Communion _____ Confirmation _____

Please list other schools Applicant has attended

School	Grades	Reason for Leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has Applicant ever been tested for learning differences?

Yes No

Has Applicant ever had psychological testing?

Yes No

Has testing for learning differences or psychological testing been scheduled in the next 12 months?

Yes No

If you answered "Yes" to any of these questions, a copy of any report regarding the results of testing MUST be supplied to the Academy.

Has Applicant ever been retained in a grade?

Yes No

Has Applicant ever skipped a grade?

Yes No

Has Applicant ever had any legal involvement?

Yes No

If you answered "Yes" to any of these questions, please explain in the area below.

SPECIAL INTERESTS AND ACCOMPLISHMENTS

Please list any hobbies, athletics, artistic endeavors, special interests, or accomplishments

FAMILY INFORMATION

Parents' Marital Status Married Separated Divorced Widowed
Child lives with Both Mother Father Other

If parents are separated or divorced, who will assume

Financial Responsibility _____ Academic/Behaviorial _____

SIBLINGS

NAME	BROTHER/SISTER (Indicate Step/Half/Foster if appropriate)	AGE	SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GRANDPARENTS

PATERNAL

MATERNAL

Name _____

Address _____

City, State, Zip _____

GENERAL INFORMATION

How did you learn about Saint Edmond's Academy?

What about Saint Edmond's Academy motivated you to apply for admission for your son?

Does your family have an affiliation with Saint Edmond's Academy? No Yes

If yes, what is this person's relationship to Saint Edmond's Academy?

Alumnus Parent of Alumnus Parent of Student Grandparent of Student Trustee Other

What is the Name of this Person? _____

What is this Person's Relationship to You? _____