

## APPLICATION FOR ADMISSION

### APPLICANT INFORMATION

Today's Date \_\_\_\_\_ Application for Grade \_\_\_\_\_

For School Year 20 \_\_\_\_ - 20 \_\_\_\_  Mid-Year Entrance or  Fall Entrance

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Male or  Female Social Security Number \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
(first) (middle) (last) (nickname)

Applicant's Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Applicant's Email (optional) \_\_\_\_\_

Please attach  
a 2 x 2 Photo  
of Applicant Here  
(Optional)

### CURRENT SCHOOL INFORMATION

Current School Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Type of School:  Private  Public Dates Of Attendance \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Teacher's Name \_\_\_\_\_ Principal's Name \_\_\_\_\_

School(s) Previously Attended (names and dates) \_\_\_\_\_

Public School District where Applicant Resides \_\_\_\_\_

Has the applicant ever repeated a grade, skipped a grade, or been in accelerated instruction?  Yes  No  n/a

If yes, describe the circumstances. \_\_\_\_\_

Has the applicant ever been suspended or had any serious disciplinary infractions?  Yes  No  n/a

Please explain. \_\_\_\_\_

# FAMILY INFORMATION

**Parent's** (Guardian's) Full Name \_\_\_\_\_

Spouse's Name (if Remarried) \_\_\_\_\_

Home Address (if different from applicant's) \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Level of Education Completed \_\_\_\_\_

**Parent's** (Guardian's) Full Name \_\_\_\_\_

Spouse's Name (if Remarried) \_\_\_\_\_

Home Address (if different from applicant's) \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Level of Education Completed \_\_\_\_\_

Do other children live in the Applicant's family or household?  Yes  No

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Do you have relatives who have attended St. Mary's Hall or Doane Academy?  Yes  No

Name \_\_\_\_\_ Class of \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

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Name \_\_\_\_\_ Class of \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

## ADDITIONAL FAMILY INFORMATION

Applicant Resides with:       Both Parents       Father       Mother       Guardian

If parents are divorced or separated, who has legal custody of the applicant? \_\_\_\_\_

Is the non-custodial Parent to receive correspondence?    Yes    No

Who is financially responsible for the applicant's education? \_\_\_\_\_

Applicant's Primary Language \_\_\_\_\_ Languages spoken in Applicant's Household \_\_\_\_\_

## PARENT QUESTIONNAIRE

Please describe your child's personality, interests, hobbies and/or talents.

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What are you child's academic and social and emotional strengths? weaknesses?

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What are your goals for your child's immediate and long-term education?

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Are there any factors that you would like to share with us that have had an impact on your child's academic or social progress to date, such as health, learning challenges, or changes of home, school or family situation?

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How did you hear about Doane Academy?

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To which other schools is your child applying?

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Is there anything else you would like the Admission Committee to know about your child?

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## FINANCIAL AID

Would you like us to send you information on Doane Academy's Financial Aid Program?  Yes  No

## PARENT/GUARDIAN AUTHORIZATION

The application and fee must be submitted before the applicant's admission visit. Application Fee is \$35.

It is understood that a school visit is part of the admission process. Should an applicant require emergency medical treatment during the visit and the parent(s)/guardian(s) cannot be contacted, Doane Academy is authorized to act on the parent(s)/guardian(s) behalf and designate a doctor or hospital to initiate any appropriate medical service.

It is also understood that students who are accepted by Doane Academy and who finalize their enrollment decision with a parent(s)/guardian(s) signed enrollment contract are making a full year financial commitment for which there will be no deductions or refunds for sake of absence, dismissal or withdrawal except under the explicit terms of the Tuition Refund Insurance Plan offered by the school. To demonstrate the ability to fulfill the financial commitment, a signature below authorizes the school to run a credit check on the parent(s)/guardian(s) who is financially responsible for the child's education.

Lastly, the information contained in this application and in the records and documents provided in support of this application is true, complete and accurate. It is understood that any willful misrepresentation of any of the information provided for admission to Doane Academy will jeopardize a student's acceptance and/or consideration for financial aid. Failure to disclose all information relevant to a student's health, academic performance, or disciplinary record may result in termination of a student's status as enrolled.

All information gathered by the Admissions Office will be treated as confidential and it is agreed that the Dean of Admission may disclose this information to other members of the Admission Committee.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_