



A.M.D.G.

Mater Dei Academy Application for Admission

School Year _____

I. Student Information

Date: _____

A. Personal Information

1. Name _____
Last
First
Middle
2. Gender: Male Female
3. Date of Birth ____/____/____ Place of Birth _____
4. Address _____
Street
City
State
Zip Code
5. Phone _____ 6. Email _____
7. Parish _____

B. School previously attended:

1. Name of School _____ Grade last attended _____
2. Address _____ Teacher's Name _____
3. Ever dismissed, suspended, or disciplined at any school? (Circle one) Yes No
 If yes, please explain _____

4. Any unusual factors in the child's life of which the school should be aware? (Circle one) Yes No
 If yes, please explain _____

C. Sacrament Information

| Sacrament | Yes | No | Date | Parish | City, State |
|-----------------------|-----|----|------|--------|-------------|
| Baptism | | | | | |
| Reconciliation | | | | | |
| Eucharist | | | | | |
| Confirmation | | | | | |

D. Medical Information *(please check all boxes that apply to your child.)*

| | | |
|---|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Child needs individual aid in class | <input type="checkbox"/> Food Allergies (list): |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Child unable to use stairs | <input type="checkbox"/> Medications taken regularly; |
| <input type="checkbox"/> Behavioral/Emotional Disturbance | <input type="checkbox"/> Developmental disabilities | |
| <input type="checkbox"/> Hearing (including deafness) | <input type="checkbox"/> Traumatic brain injury/concussion | |
| <input type="checkbox"/> Orthopedic impairment | | <input type="checkbox"/> Seasonal Allergies: |
| <input type="checkbox"/> Speech or language impairment | | |

Other medical condition(s):

Other health concerns (e.g. chronic or acute health problems such as diabetes, epilepsy, hemophilia, asthma, etc):

Please list any other comments or concerns regarding your child that will help him/her be successful in our school this year:

II. Parent/Guardian Information

A. Personal Information

1. *(Circle one)* Father/Stepfather/Male Guardian:

Name: _____

Address: _____

Employer: _____

Phone: Home _____ Work _____ Cell _____

Email _____

Religion _____ Parish _____

2. *(Circle one)* Mother/Stepmother/Female Guardian:

Name: _____

Address: _____

Employer: _____

Phone: Home _____ Work _____ Cell _____

Email _____

Religion _____ Parish _____

B. Financial Responsibility

Please indicate who is financially responsible for your child's education:

Father _____ Mother _____ Both _____ Other _____

C. School Interest

1. Why have you chosen Mater Dei Academy? _____

2. What are your expectations for your child at Mater Dei Academy? _____

3. How did you hear about Mater Dei Academy? _____

III. References

Please list at least two non-family references:

A. 1. Name: _____

2. Relationship: _____

3. Contact Information: _____

B. 1. Name: _____

2. Relationship: _____

3. Contact Information: _____

C. 1. Name: _____

2. Relationship: _____

3. Contact Information: _____

BY COMPLETING THIS APPLICATION I UNDERSTAND THAT:

1. My cooperation is expected in:
 - a. Making regular tuition payments
 - b. Honoring my volunteer commitments (since tuition does not cover all the costs),
 - c. Faithfully praying for the needs and intentions of the school and its families.
2. Registration fee (100.00 per family) **must be paid at the time of registration. This fee is non-refundable.**
3. The administration has full responsibility for placing my child in the proper grade.
4. My child will participate in all religion classes, spiritual exercises, school projects, and attend school activities and field trips.
5. The teacher has full discretion in the classroom discipline of my child.
6. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.

Both parents' and/or guardians' signatures required:

| | |
|------------------------------|------|
| Signature of Parent/Guardian | Date |
|------------------------------|------|

| | |
|------------------------------|------|
| Signature of Parent/Guardian | Date |
|------------------------------|------|

Mater Dei Academy does not discriminate on the basis of race, color, gender, creed, national or ethnic origin in administration of its educational and admission policies and other school administered programs.