

LOYOLA ACADEMY OF SAINT LOUIS

3851 Washington Blvd

St. Louis, Missouri 63108

(314) 531-9091 FAX: (314) 531-3603

APPLICATION FOR ADMISSION



Student Picture

Please print ALL information.

THIS PAGE TO BE COMPLETED BY CUSTODIAL PARENT(S)/GUARDIAN(S)

STUDENT INFORMATION

School Year _____ Grade Entering _____ Social Security # _____

Student Name _____ DOB _____ Age _____

Religion _____ Parish/Church _____

Current School _____ School District _____

Previous schools attended

Grades

Dates

Previous schools attended	Grades	Dates

FAMILY INFORMATION

(Note: Student must be claimed on tax return of the custodial parent)

Custodial Parent/Guardian #1

Name _____ Relationship _____

Occupation _____ Employer _____ Since MM/YY _____

Home Address _____ City, State/Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail Address _____

Level of Education Completed: GED High School College Other _____

Parent/Guardian #2

Name _____ Relationship _____

Occupation _____ Employer _____ Since MM/YY _____

Home Address _____ City, State/Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail Address _____

Level of Education Completed GED High School College Other _____

Student lives with: Mother Father Grandparents Other (Explain) _____

Extended Family in the Home: Grandparents Uncle/Aunt Other (Explain) _____

Siblings**Living In Home**

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>Yes or NO</u>

MEDICAL INFORMATION

Does the Student have: (Check All that apply)

 Medical Insurance (company) _____
 Pediatrician/Family Doctor
 Dentist

Does the student take any medication? If yes, please list medications and explain: _____

Is there any illness or disability which may interfere with his studies or extra-curricular activities? If yes, please explain: _____

Has the student had any learning disabilities or special needs?	Yes	No
Presently enrolled in any type of special education?	Yes	No
Does your student have an IEP?	Yes	No
Is the student receiving Title I services?	Yes	No
Is the student receiving counseling services	Yes	No
Has the student been diagnosed with ADHD or ADD?	Yes	No
Does the student have any behavior disorders?	Yes	No

If yes to any of the above, please explain: _____

FINANCIAL INFORMATION

Loyola Academy seeks to enroll under-served, financially needy students in the city and county of St. Louis. Therefore, family income is one of the many factors considered in the admissions decision. You must submit a copy of your tax return, with the student listed as a dependent, from the previous year (Form 1040 or equivalent) with this application. If you did not file a tax return, you must submit an authorized letter or form from a federal or state agency stating the source and amount of your income aid. Paycheck stubs may be required in some cases.

Marital Status:	Married	Divorced	Separated	Single
Remarried:	Mother	Father	Both	Name(s)_____
Deceased:	Mother	Father	Both	Name(s) of deceased_____
Annual Family Income: \$_____	Number of dependents claimed: _____			

Is your son currently eligible for the government lunch program? Free Reduced No

THIS SECTION TO BE COMPLETED BY STUDENT

Student Name _____

Answer the following questions, writing them below in your own words:

What do you like about school?

Describe a challenge you encountered in school?

What do you envision for yourself in the future?

Why do you want to attend Loyola Academy of St. Louis?

THIS SECTION TO BE COMPLETED, READ AND SIGNED BY PARENT/GUARDIAN:

Why do you want your student to attend Loyola Academy of St. Louis?

Parent/Guardian Support is important at Loyola Academy. We ask your commitment to the following:

(Please initial each one)

____ To communicate with us regarding tuition obligations

____ To volunteer 16 hours of time per school year

____ To support the educational mission of the school

____ To ensure my student will be in attendance for the entire school program including extended day and year

____ To support your student in achieving and maximizing his educational potential

____ To attend the meetings and participate in the Loyola Parents' Club

I understand completely that Loyola Academy is an academically challenging school with a rigorous code of behavior and that full participation by parents and guardians is necessary to meet requirements of the program.

YOUR TRUTHFUL DISCLOSURE OF ALL INFORMATION IS REQUIRED

I certify that I have given true and complete information in response to each category of information requested. I recognize Loyola Academy's right to either revoke any admission or to immediately dismiss my student if any of my written responses, on this application, are ever found to be false or any financial information has been omitted, thus jeopardizing funding and the mission of Loyola Academy. Appearances deemed inconsistent with information you provided will be brought to your attention.

Printed Names of Custodial Parent(s)/Guardian(s) _____

Signatures of Custodial Parent(s)/Guardian(s) _____

(To be signed at first meeting)

Loyola Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school-administered programs. In accordance with the laws of the State of Missouri, all students must provide requisite documentation indicating the student has been immunized before attending school. If exempted from immunization, requisite and proper documentation of exemption shall be provided.

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