



AQUINAS ACADEMY

Past, Present, Future...

Our Faith-Filled Legacy Continues.

AQUINAS ACADEMY
A Pennsylvania Charitable Trust
340 North Main Street, Greensburg, PA 15601
Phone: 724-834-7940 Fax: 724-836-0497
Email: info@aquinasacademy.org
Website: www.aquinasacademy.org



Application for Admission



ADMISSIONS PROCESS

Applying to Aquinas Academy is a simple, straightforward process, and the following will help guide you through the steps.

CAMPUS VISIT

Arrange for a campus visit by calling the school office at 724-834-7940. A visit may be scheduled prior to submitting an application or at any time during the admissions process.

APPLICATION

1. Complete the application, the parent questionnaire, and the student questionnaire for students entering grades five through twelve.
2. Send the completed application to the school office along with the questionnaire(s). Please send application to:

AQUINAS ACADEMY
340 North Main Street
Greensburg, PA 15601

Or You can go to our website at www.aquinasacademy.org, scroll down to where the black and white icons are and click on the one with the checkmark. You can fill out your Application for Admission online if you prefer to do it that way.



STUDENT QUESTIONNAIRE APPLICANTS ENTERING GRADE 5-12

****Not applicable for Aquinas Academy students**

STUDENT INSTRUCTIONS

Please take a moment to complete this questionnaire so we may learn more about you.

Your Name

First _____ Middle _____ Last _____

Applying for Grade _____

What is your favorite subject or activity in school? Explain.

Tell us about some of your extracurricular activities.

Describe an accomplishment of which you are particularly proud.

Is there anything else you would like the Admissions Committee to know about you?

 **PARENT QUESTIONNAIRE** CONTINUED

Please comment on what you consider to be your child's greatest strengths.

What do you hope your child will gain by attending Aquinas Academy?

Please indicate any special circumstances that may have affected the educational progress of your child.

Signature of Parent or Guardian _____ Date _____

 **Application for Admission**

APPLICANT INFORMATION

Full Name _____ Nickname _____

Home Address _____

City _____ State _____ Zip _____ Male / Female _____

Date of Birth _____ Age as of Sept 1 of specified year _____ *Applying for Grade _____ Beginning Sept (year) _____

Public School District (where you live) _____

If applying for Pre-Kindergarten, please select the desired program:

- PK-3 (Tue and Thur) Half-day
- PK-3 (Tue and Thur) Full-day
- PK-4 (Mon, Wed and Fri) Half-day
- PK-4 (Mon, Wed and Fri) Full-day
- PK-4 (Mon-Fri) Half-day
- PK-4 (Mon-Fri) Full-day

Religion _____ Name and address of Catholic parish where student is registered: _____

Has the applicant ever attended another Catholic School? Yes No If yes, please list school and address _____

Race: American Indian/Native Alaskan Asian African American Native Hawaiian/Pacific Islander
 Caucasian Multi-racial

Ethnicity: Hispanic Non-Hispanic

Does applicant have any special educational or medical needs? Yes No If yes, please explain _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian (1) Full Name _____ Relation to Applicant _____

Religion _____ If Catholic, parish where registered _____

Home Address (if different from above) _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Email _____

Employed by _____ Job Title _____

Work Address _____

Work Telephone _____

Parent/Guardian (2) Full Name _____ Relation to Applicant _____

Religion _____ If Catholic, parish where registered _____

Home Address (if different from above) _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Email _____

Employed by _____ Job Title _____

Work Address _____

Work Telephone _____

Student resides with: Both Parents Mother Only Father Only Guardian _____

Check All Those That Apply:

- Parents Married
- Parents Separated
- Parents Divorced
- Father Remarried
- Father Deceased
- Parents Not Married
- Single Parent Family
- Mother Remarried
- Mother Deceased

Are there any special custody circumstances? _____

CURRENT SCHOOL

Name _____ Phone _____
 School Address _____
 City _____ State _____ Zip _____
 Date Entered _____ Current Grade _____

TUITION INFORMATION

Name of Individual Responsible for Tuition _____ Relation to Applicant _____
 Address (if not a parent) _____
 City _____ State _____ Zip _____ Phone _____

SACRAMENTAL INFORMATION

Baptism Date _____ Parish Name and Address _____
 Reconciliation Date _____ Parish Name and Address _____
 First Holy Communion Date _____ Parish Name and Address _____
 Confirmation Date _____ Parish Name and Address _____

SIBLINGS

Name _____ Age _____ School _____
 Name _____ Age _____ School _____
 Name _____ Age _____ School _____
 Name _____ Age _____ School _____

RELATIVES: PLEASE LIST ANY RELATIVES WHO HAVE ATTENDED OR ARE NOW ATTENDING AQUINAS ACADEMY

Name _____ Relationship _____ Graduation Year _____
 Name _____ Relationship _____ Graduation Year _____
 Name _____ Relationship _____ Graduation Year _____

Statement of Nondiscriminatory Acceptance Policy: Aquinas Academy will not discriminate on the basis of race, color, sex, disability, or national and/or ethnic origin. Students seeking acceptance and enrollment to the school will be considered based on religion, academic performance, learning needs, attendance, character, morality and conduct consistent with Catholic doctrine, and applicable payment history within a Catholic or private/nonpublic school. While the school does not discriminate against students with disabilities, a full range of services may not always be available to them. Decisions concerning the accommodation of a student are based upon the student's emotional, academic, and physical abilities and the resources available to the school in meeting the student's needs. The school maintains the right to give preferential acceptance and enrollment to Catholic students. The student is not permitted to attend this school if she or he has an outstanding payment balance at another Catholic School within the Diocese of Greensburg. Your signature below indicates that you understand and accept the content and provisions of this application.

Parent/Guardian Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Date Received: _____ Letter of Acceptance: _____ Registration Packet Sent: _____

Parents or Guardians

The success of your child is important to us. Please complete the following questionnaire so that we may learn more about your child.

Name of person(s) completing this form

First _____ Last _____

Relationship to Applicant _____

How did you hear about us?

What factors contributed to the decision to apply to Aquinas Academy?

What words or phrases come to mind when describing your child?