



ADMISSIONS APPLICATION
VILLA MARIA ACADEMY HIGH SCHOOL

Application for Grade _____ in _____. Date of Application: ____/____/____
(Year)

APPLICANT INFORMATION:

First	Middle	Last
STREET ADDRESS _____		SCHOOL DISTRICT _____
CITY _____	STATE _____	ZIP _____
HOME PHONE with AREA CODE _____		BIRTHDATE _____ PLACE OF BIRTH _____
COUNTY OF RESIDENCE _____		RELIGION _____ PARISH _____
		SOCIAL SECURITY NUMBER _____

PARENT INFORMATION:

APPLICANT lives with
Parent Status

- Both Parents
 Mother
 Father
 Other
 Married
 Divorced
 Separated
 Other

FATHER'S NAME _____

*HOME ADDRESS (if different from applicant) _____

CITY _____ STATE _____ ZIP _____

HOME PHONE with AREA CODE _____ FATHER'S CELL _____

FATHER'S EMAIL: _____

PLACE OF EMPLOYMENT _____

PROFESSION _____ WORK PHONE _____

EMPLOYER'S BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

MOTHER'S NAME _____

*HOME ADDRESS (if different from applicant) _____

CITY _____ STATE _____ ZIP _____

HOME PHONE with AREA CODE _____ MOTHER'S CELL _____

MOTHER'S EMAIL: _____

MOTHER'S MAIDEN NAME _____

PLACE OF EMPLOYMENT _____

PROFESSION _____ WORK PHONE _____

EMPLOYER'S BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

FATHER'S RELIGION

PLACE OF BIRTH

MOTHER'S RELIGION

PLACE OF BIRTH

EDUCATIONAL BACKGROUND

EDUCATIONAL BACKGROUND

ACADEMICS:

Applicant's Present School _____

ADDRESS

CITY

STATE

ZIP

PREVIOUS SCHOOLING:

SCHOOL

ADDRESS

GRADE COMPLETED

YEARS

SCHOOL

ADDRESS

GRADE COMPLETED

YEARS

SCHOOL

ADDRESS

GRADE COMPLETED

YEARS

SCHOOL

ADDRESS

GRADE COMPLETED

YEARS

FAMILY INFORMATION:

SIBLING FULL NAME

AGE

CURRENT SCHOOL

SIBLING FULL NAME

AGE

CURRENT SCHOOL

SIBLING FULL NAME

AGE

CURRENT SCHOOL

SIBLING FULL NAME

AGE

CURRENT SCHOOL

VILLA ALUMNAE:

Names of Relatives or Friends who have attended Villa Maria Academy.

NAME

Years Attended

RELATIONSHIP

NAME

Years Attended

RELATIONSHIP

NAME

Years Attended

RELATIONSHIP

PERSON TO WHOM BILLS ARE TO BE SENT:

Main Residence

**List if other than Student's Main Residence*

NAME

STREET ADDRESS

CITY

STATE

ZIP

ADDITIONAL:

HOW DID YOU HEAR ABOUT VILLA MARIA?

PLEASE NOTE ANY HEALTH PROBLEM WHICH WOULD REQUIRE SPECIAL ATTENTION DURING YOUR DAUGHTER'S VISIT TO THE SCHOOL:



TO BE COMPLETED BY 8th GRADE

APPLICANT:

Why would you like to attend Villa Maria Academy?

Please use the space below to share anything you would like about yourself, you interests and special talents:

The filing of this form places the student's name on the list of candidates for the year admission is sought. It is regarded by the Academy as a formal request for consideration of the applicant and for authorization to obtain transcripts and recommendations from previous schools.

PARENT'S SIGNATURE

APPLICANT'S SIGNATURE

FEE: \$50.00

It is required by Villa Maria Academy that an application be on file in the Admissions Office prior to the applicant's interview.

MAIL TO: Director of Admissions

Villa Maria Academy
370 Old Lincoln Highway
Malvern, PA 19355
610-644-2551
Fax: 610-644-2866
www.vmahs.org

RELEASE OF STUDENT RECORDS:

Parents: Submit this form to the applicant's **present** school, not to Villa Maria Academy.

Villa Maria Academy

370 Old Lincoln Highway
Malvern, PA 19355

REQUEST FOR RELEASE OF STUDENT INFORMATION

I _____ authorize and direct
SIGNATURE OF PARENT and/or GUARDIAN

CURRENT SCHOOL NAME AND ADDRESS

To release the following information and records requested below concerning

STUDENT NAME

- Current Grades and Class Standing
(if available)
- Transcript of Student's Academic Record
(including any standardized test scores)
- OTHER: IEP, Evaluation Reports,
Psychoeducational Evaluations

Please send the information to:

Director of Admissions
Villa Maria Academy

370 Old Lincoln Highway
Malvern, PA 19355