

Please attach
a recent photo
of Applicant



SAINT DOMINIC ACADEMY

Empowering Women for Leadership Since 1878

2572 John F. Kennedy Boulevard • Jersey City, New Jersey 07304 • (201) 434-5938 • www.stdominicacad.com

APPLICATION FOR ADMISSION

SECTION 1: APPLICANT INFORMATION

Name of Applicant: _____ Date: _____
Last First Middle

Home Address: _____
Street Address Apt. #

City State Zip

Phones: _____
Home Cell E-Mail Address

Age: _____ Date of Birth: _____ Birthplace _____ Social Security #: _____
Month/Day/Year

Religion: _____ Place of Worship: _____ Ethnicity: _____
(Optional) (Optional) (Optional)

First Language, if other than English _____ Languages spoken at home _____

Citizen of _____

If you are a citizen of a country other than the United States,
will an I-20 Form be needed? ☐ Yes ☐ No

SECTION 2: EDUCATION INFORMATION

Name of Present School: _____ Grades Attended: _____

Address of Present School: _____

Phone Number _____

Check All that Apply: ☐ Parents Married ☐ Parents Separated ☐ Parents Divorced
☐ Mother Remarried ☐ Father Remarried ☐ Mother Deceased ☐ Father Deceased

MOTHER's Name: _____

Education (college/graduate study, degree, year) _____

Home Address (if different than student) _____

Mother's preferred e-mail address: _____

Employer: _____ Position/Title: _____

Address: _____

FATHER's Name: _____

Place of Birth: _____ Language Spoken: _____

Education (college/graduate study, degree, year) _____

Home Address (if different than student) _____

Phones: _____
Home (if different than student) Cell Work

Father's preferred e-mail address: _____

Employer: _____ Position/Title: _____

Address: _____

List your Sisters and Brothers here:

<i>Name</i>	<i>Age</i>	<i>F/M</i>	<i>School or Occupation</i>
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Name	Age	F/M	School or Occupation
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Name	Age	F/M	School or Occupation
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Do you have any relatives who currently attend SDA or who have attended in the past?:

Name	Class Of	Relationship
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Name	Class Of	Relationship
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Name	Class Of	Relationship
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