Please attach a recent photo of Applicant



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

APPLICATION FOR ADMISSION GRADE ___

| SECTION 1: APPLICANT IN | FORMATION | | |
|--|-------------------------------|--|-------------------------------|
| | | | |
| Name of Applicant: | | | Date: |
| Last | First | Middle | |
| | | | |
| Home Address: | | Apt. # | |
| | | 1 | |
| | | State Zip | |
| | | | |
| Phones: | | | |
| Ноте | Cell | E-Mail Address | |
| Age. Date of Pinth. | Dinthalos | | |
| Age: Date of Birth: | ay/Year | | |
| | | | |
| Religion | Place of Worshin | Ethnicity | |
| Religion:(Optional) | (Option | al) | (Optional) |
| | | | |
| First Language, if other than English | Languages sp | okan at home | |
| That Language, it other than English | Languages sp | oken at nome | |
| | | If you are a citizen of a country of | other than the United States. |
| Citizen of | | will an I-20 Form be needed? | |
| | | win and 20 form be needed. | _ 1co 1to |
| | | | |
| SECTION 2: EDUCATION IN | FORMATION | | |
| | | | |
| Name of Present School: | | Grades At | tended: |
| Address of Present School: | | | |
| Phone Number | | _ | |
| To determine if necessary and/or reasons SSP, etc? | onable accommodations are rec | quired for this student, please identi | ify if there is an IEP, ISP, |
| YesNo | | | |
| If yes, please attach appropriate suppor | ting documentation. | | |

| Check All that Apply: | □ Parents Married□ Mother Remarried | ☐ Parents Separated☐ Father Remarried | | Divorced Deceased | ☐ Father Deceased |
|-----------------------------------|--|---------------------------------------|---------------------|----------------------------------|-------------------|
| Applicant lives with: | □ Both □ Mother | | | | |
| | | | | | |
| Place of Birth: | | · | Language Spo | ken: | |
| Education (college/grad | uate study, degree, year) _ | | | | |
| Home Address (if differen | nt than student) | | | | |
| Dhanas | | | | | |
| | ent than student) | Cell | | | |
| Mother's preferred e-m | aail address: | | | | |
| | | | | | |
| - · | | | | | |
| FATHER's Name: | | | | | |
| | | | | | |
| | | | | | |
| | , - , | | | | |
| | | | | | |
| Phones: | | | | | |
| | ent than student) | Cell | | Work | |
| | nil address: | | | | |
| | | | Position/Title | : | |
| Address: | | | | | |
| List your Sisters and Bi | rothers here: | | | | |
| | | Age | F/M | School or Occi | ıpation |
| Name | | | | | |
| | | Age | F/M | School or Occi | upation |
| Name Name | | Age Age | | School or Occi School or Occi | |
| Name Name | ves who currently attend S | Age | F/M | School or Occi | |
| Name Name Do you have any relativ | ves who currently attend S | Age DA or who have attend | F/M ed in the pass | School or Occu | |
| Name Name Do you have any relativ | ves who currently attend S | Age | F/M ed in the pass | School or Occi | |
| Name Name | ves who currently attend S | Age DA or who have attend | F/M ed in the pass | School or Occu | |

| SECTION 4: TUITION ASSISTANCE | | | | | | |
|--|--|--|--|--|--|--|
| FINANCIAL AID | | | | | | |
| A limited amount of financial assistance is available to qualifying incoming students. Please indicate below if you will be applying for financial aid. Apply at https://online.factsmgt.com/aid | | | | | | |
| Yes, I will be applying for financial aidNo, I will not be applying for financial aid. | | | | | | |
| NOTE: Anyone who applies for financial aid, must also apply for the Scholarship Fund for Inner City Children (www.sficnj.org) | | | | | | |
| Please adhere to designated deadlines for both applications. | | | | | | |
| If parents are separated or divorced, who has financial responsibility for student's tuition? Mother Father Both | | | | | | |
| Please Note: this information must be reflected on the application for financial aid, filed at https://online.factsmgt.com/aid Please adhere to all deadlines. | | | | | | |
| NOTE: It is imperative that all pertinent information in the FACTS application (residence, guardianship, parental marital status, employment info, etc.) matches that which is listed on this application. | | | | | | |
| SECTION 5: LETTERS OF RECOMMENDATION | | | | | | |
| Each applicant must submit two letters of recommendation. They can be attached to this application | | | | | | |
| or sent under separate cover to the Saint Dominic Academy Director of Admissions. | | | | | | |
| SECTION 6: QUESTIONS FOR THE APPLICANT | | | | | | |
| Please answer the following questions in your own handwriting. | | | | | | |
| 1a. How did you become familiar with Saint Dominic Academy? (check all that apply) | | | | | | |
| Online SearchOpen HouseFreshman for a DayAdvertisementFamily/FriendOther | | | | | | |
| 1b. Why have you chosen to apply to Saint Dominic Academy? | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2. To which other schools (Parochial, Private, Charter and/or Magnet Schools) are you applying? Please list <u>ALL</u> . | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 3. Please describe your talents, interests and/or accomplishments in academics, the arts, and athletics. (Include community service, leadership, and volunteer experience.) | | | | | | |
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(Please turn over)

| SECTION 6: QUESTIONS FOR THE APPLICAN | N I | | | (CONTINUED) |
|--|----------------|-------------|-------|---------------------------|
| 4. Please indicate a response for each statement. | Always | Sometimes | Never | Unsure/ Not Applicable |
| 1. I want to go to college. | | | | |
| 2. I know my future career choice. | | | | |
| 3. Education is very important to my family. | | | | |
| 4. I do my homework. | | | | |
| 5. I am prepared for class. | | | | |
| 6. I am concerned about getting good grades. | | | | |
| 7. I am proud to speak of my accomplishments. | | | | |
| 8. I am a self-starter. | | | | |
| 9. I need direction to complete a task. | | | | |
| 10. If I am in trouble, I seek the support of an adult. | | | | |
| 11. I look to school as a safe place. | | | | |
| 12. I am a positive person. | | - <u></u> - | | |
| 13. I make friends easily. | | - <u></u> - | | |
| 14. I avoid confrontation. | | - <u></u> - | | |
| 15. I face confrontation head on. | | · | | |
| 16. I think before I act. | | | | |
| 17. I think before I speak. | | · | | |
| 18. I am well behaved in class. | | · | | |
| 19. I am a jokester. | | | | |
| 20. I am reliable. | | | | |
| 21. Being responsible is important. | | | | |
| 22. I want to make a good impression. | | | | |
| 5. Pick the one statement from above that best describes you | u, and explain | why. | | |
| | | | | |



