

Faustina Academy

FAMILY ADMISSION QUESTIONNAIRE

(Please use Sibling Questionnaire for additional applicants)

Application Fee of \$25.00 per child

Date: _____

Applying for Grade _____ School _____
Year _____

Family Name _____

Last

Phone No. (____) _____ Father's Name: _____

Home Address _____

Street

City

State

Zi

Native Language _____ Religious Preference _____ Parish or Church _____

Child's full name _____ Grade applying for _____ Date of Birth _____

Date of Baptism _____ Date of First Communion _____ Date of Confirmation _____

How did you learn about Faustina Academy? _____

FAMILY INFORMATION

Are both parents living? _____ Are parents divorced? _____ Separated? _____ Remarried? _____

Does applicant live with both parents? _____ Mother _____ Father _____ Guardian _____

Is he/she adopted? _____ Do other adults live at home? _____ Names and Role _____

Father's Name _____ Home Phone (____) _____

Home Address (if diff. from above) _____ Religious Preference _____

Place of work _____ Work Phone (____) _____

Work address _____ Position or Title _____

College(s) attended _____ Degree(s) _____

Faustina Academy (Attn Christina Zeiler) 1621 W. Grauwlyer, Irving TX 75061

www.faustinaacademy.com

972-254-6726

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Father's email address: _____

Cell phone: _____

Mother's Name _____ **Maiden Name** _____ **Home Phone**(____) _____

Home Address (if diff. from above) _____ **Religious Preference** _____

Place of work _____ **Work Phone** (____) _____

Work address _____ **Position or Title** _____

College(s) attended _____ **Degree(s)** _____

Mother's email address: _____

Cell Phone: _____

Names and Ages of Siblings

School Currently Attending

VOLUNTEER WORK:

Please list what areas you may volunteer: (substituting, room mom, fundraising, field trip chaperone, cooking for teachers) _____

SCHOOL HISTORY

List names of schools applicant has attended. (An official transcript will be necessary before admission.)
If applicant has been home-schooled, please list length of time, grade levels and curricula used.

School	Location	Attendance Dates
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Has applicant ever skipped a grade? _____ If so, what grade? _____ Repeated a grade? _____ If so, what grade? _____

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Does the applicant have any diagnosed physical or learning disabilities?_____ If yes, please describe:_____

Has he/she had academic problems?___ If so, in what areas? _____

If you are transferring, why do you wish to transfer? _____

MEDICAL INFORMATION

(A medical examination and certificate signed by the doctor are required before enrollment.)

Does applicant suffer from **any** specific health conditions that we should be aware of?_____

Please explain:_____

Does he/she require any special attention? _____

Is he/she currently taking any medication?___If so, what kind?_____

Has applicant ever had an operation?___ If so, what and at what age?_____

Has he/she ever had a serious injury?___If so, what and at what age?_____

Has applicant stayed home from school repeatedly or for long periods due to illness?_____

Please explain:_____

Has applicant ever received special attention or evaluation from a psychologist, therapist or counselor?_____

If so, please list date, name and address of consultants and describe situation briefly. _____

PARENT QUESTIONNAIRE

Please answer the following questions:

Why do you want to send your children to Faustina Academy?_____

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Taking into consideration our **Why Faustina Academy** statement in the information packet, how will you prepare to have your children abide by our standards as indicated in the **Why Faustina Academy** statement (copy of statement on next page)?

Please understand that each year we invite families back to Faustina Academy for the next year by sending an enrollment contract to you in February. Not everyone is invited back.

I hereby certify that all information provided on this application and all information given to Faustina Academy, is complete and accurate, and I understand that falsification or omission of information may result in disqualification or dismissal.

Furthermore, I understand that all information submitted to Faustina Academy is confidential and that the Principal may disclose, for official purposes, any information received from the applicant according to his discretion.

Parents' or guardians' signatures:

Date:

Checklist: Requirements for Admission

We must receive the following items to consider your application:

- | | |
|--|--|
| <input type="checkbox"/> Completed Application Form | <input type="checkbox"/> Application and Testing fee of \$25.00 |
| <input type="checkbox"/> Copy of Birth Certificate | <input type="checkbox"/> Medical examination statement from doctor |
| <input type="checkbox"/> Copy of Baptismal Certificate | <input type="checkbox"/> Copies of any report cards or Standard Tests (Iowa Basic) from previous schools |

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___ Immunization Records

___ Letter of recommendation for children
entering *High School*

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STUDENT QUESTIONNAIRE

Why do you want to attend Faustina Academy?

What do you enjoy doing on your free time?

What kind of music do you listen to?

What were the last 3 movies you attended? What TV sitcoms do you watch during primetime?

What would you like to gain from Faustina Academy?

For all students entering Faustina Academy, all must read and comply with the rules and procedures in the Student Handbook.

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