

# Faustina Academy

## FAMILY ADMISSION QUESTIONNAIRE

(Please use Sibling Questionnaire for additional applicants)

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 \_\_\_\_\_

Child's full name \_\_\_\_\_ Grade applying for \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Date of First Communion \_\_\_\_\_ Date of Confirmation \_\_\_\_\_

Child's full name \_\_\_\_\_ Grade applying for \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Date of First Communion \_\_\_\_\_ Date of Confirmation \_\_\_\_\_

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? \_\_\_\_\_

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

[www.faustinaacademy.com](http://www.faustinaacademy.com)

972-254-6726

# 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) \_\_\_\_\_

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 Birthdate of Siblings**

**School Currently Attending**

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## **VOLUNTEER WORK:**

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

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## **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.

<b>School</b>	<b>Location</b>	<b>Attendance Dates</b>
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Has applicant ever skipped a grade? \_\_\_\_\_ If so, what grade? \_\_\_\_\_ Repeated a grade? \_\_\_\_\_ If so, what grade? \_\_\_\_\_

\_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

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

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## **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? \_\_\_\_\_

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**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.**

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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.

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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:

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## **Checklist: Requirements for Admission**

We must receive the following items to consider your application:

- |  |  |
|--|--|
| <input type="checkbox"/> Completed Application Form    | <input type="checkbox"/> Medical examination statement from doctor                                       |
| <input type="checkbox"/> Copy of Birth Certificate     | <input type="checkbox"/> Copies of any report cards or Standard Tests (Iowa Basic) from previous schools |
| <input type="checkbox"/> Copy of Baptismal Certificate | <input type="checkbox"/> Letter of recommendation for children entering <i>High School</i>               |
| <input type="checkbox"/> Immunization Records          |  |

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**STUDENT QUESTIONNAIRE (for 7<sup>th</sup>-12<sup>th</sup> grade students – please print and answer per sibling)**  
Why do you want to attend Faustina Academy?

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What do you enjoy doing on your free time?

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What kind of music do you listen to?

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

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What would you like to gain from Faustina Academy?

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

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