Grade Entering _____

Year _____

Accepted _____

Wait Listed _____

Not Accepted _____

Comments:

APPLICATION FORM 1

St. Agnes Academy

"**J**OY is our call to action: **J**esus first, **O**thers second, **Y**ourself last."

122 Harbor Drive
Key Biscayne, Florida 33149
Tel: 305-361-3245
Fax: 305-361-6329

Date _____

Applicant's Name _____
First Middle Last

☐ Male ☐ Female

Home Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email Address _____

FOR OFFICE USE ONLY

Fee Paid _____	Baptism Certificate _____	Date Received _____
CC _____	Passport _____	Received By _____
Check # _____	Communion Certificate _____	
Birth Certificate _____	Parent's Marriage Cert._____	

Date of Birth_____ Place of Birth _____
Month / Day / Year

Applying for the term beginning August _____
Year

Grade Entering _____ Present Grade_____

Is the Applicant a Roman Catholic? Yes _____ No _____

If no, Applicant's Religion _____

Has the applicant received the following Sacraments:

Baptism (Date) _____

First Communion (Date) _____

Confirmation (Date) _____

To what Parish do applicant's parents belong? _____

If St. Agnes, what is your stewardship envelope number? _____

FATHER'S INFORMATION

Father's Name _____
First Middle Last

Home Telephone # _____ Business Tel. # _____ Cellular # _____

Father's Country of Birth _____

Father's Home Address _____
Street Apartment #

_____
City State Country Zip Code

Father's Business _____
Name Address

_____
City State Country Zip Code

Position _____

University _____ Highest Degree Earned _____

Father's Religion _____

MOTHER'S INFORMATION

Mother's Name _____
First Middle Last

Home Telephone # _____ Business Tel. # _____ Cellular # _____

Mother's Country of Birth _____

Mother's Home Address _____
Street Apartment #

_____
City State Country Zip Code

Mother's Business _____
Name Address

_____
City State Country Zip Code

Position _____

University _____ Highest Degree Earned _____

Mother's Religion _____

Marital Status of Natural Parents: Please attach Marriage Certificate

Married by Catholic Church _____ Married Only by Civil Law _____

Separated _____ Divorced _____ Divorced and Married again _____ Widowed _____

SIBLINGS AT ST. AGNES

Name	Age	Name	Age	Name	Age
Name	Age	Name	Age	Name	Age

PREVIOUS SCHOOLS

Please give name(s) and address(es) of school(s) that applicant has attended within the past five years and length of time:

Name of School/City, State	Years Attended	Grade(s)

Has student applied to St. Agnes Academy previously? _____ When _____

Has applicant ever been dismissed from any school? _____ Please explain: _____

_____

Is it your intention to have your child graduate from St. Agnes Academy? _____

If not, please explain briefly:

_____

Which language is primarily spoken at home? _____

Language(s) spoken by applicant _____

Has your child been tutored? _____ When? _____ Subjects: _____

Has your child had psycho educational testing?
Yes _____ No _____ If yes, please enclose a copy of test results.

Have behavior, adjustment, or psychiatric case studies been made of the applicant? Yes _____ No _____

If yes, supply copy of documentation. When? _____ By Whom? _____

Does your child have ADD/ADHD? _____ Is he/she currently medicated for ADD/ADHD? _____

Which medication? _____ (Supply documentation)

Does your child have a diagnosed learning disability? _____ (Supply documentation)

RECOMMENDATIONS

Please list three families of St. Agnes who could recommend you.

Name	Telephone Number
_____	_____
_____	_____
_____	_____

I hereby make application for admission of my child to St. Agnes Academy.

X _____

Signature of Parent or Guardian Date

Please Note:
This application will be valid for one year from the date of submittal. New applications will be available December 1st of each year.