

Faustina Academy

FAMILY ADMISSION QUESTIONNAIRE

(Please use Sibling Questionnaire for additional applicants)

Date: _____

Applying for Grade _____ School _____
Year _____

Family Name _____

Phone No. (____) _____ Last _____ 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 _____

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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

Faustina Academy (Attn Christina Mehaffey) 1621 W. Grauwylar, Irving TX 75061

www.faustinaacademy.com

972-254-6726

Faustina Academy

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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- **Do any of the students applying have a learning disability? If so, please describe. (Please provide documentation on professional evaluation or diagnosis.)**

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? _____

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: _____

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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? _____

Taking into consideration our **Why Faustina Academy** statement in the information packet? What types of entertainment does your children enjoy? Do they have social media apps/phones/devices that can access these outlets?_

Have you read our technology/ social media policy? _____

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:

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Checklist: Requirements for Admission

We must receive the following items to consider your application:

- Completed Application Form
- Copy of Birth Certificate
- Copy of Baptismal Certificate
- Immunization Records
- Medical examination statement from doctor
- Copies of any report cards or Standard Tests (Iowa Basic) from previous schools
- Letter of recommendation for children entering *High School*

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STUDENT QUESTIONNAIRE (for 7th-12th grade students – please print and answer per sibling)

Why do you want to attend Faustina Academy?

How do you make your faith the center of your life?

Do you have a phone? Are there any restrictions?

Do you have social media? What apps do you use?

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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