

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

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Date of Baptism Date of First Communion Date of Confirmation

How did you learn about Faustina Academy? _____

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

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) _____

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
_____	_____	_____
_____	_____	_____

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: _____

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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, how will you prepare to have your children abide by our standards as indicated in the **Why Faustina Academy** statement? _____

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.

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"/> 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 7th-12th grade students – please print and answer per sibling)

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?

Do you have a phone? What social media apps are you on? Do your parents have access to your social media apps?

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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