

- Application Fee (\$100)
- Transcript Received
- Medical Record

ST. MARY OF THE HILLS SCHOOL

THE INNOVATIVE SCHOOL

Applying to Grade _____ Date _____

ADMISSIONS FORM

Child's Name _____ MALE / FEMALE
Last First Middle

Home Address _____
Street City Zip Code

Date of Birth ____ / ____ / ____ **Home Phone** (____) ____ - ____

Religion _____ **If Catholic, name of your Parish** _____

Ethnicity/Race Asian Black/African American Haitian Hispanic Multi-Racial White
 (Circle one)

(Note: St. Mary of the Hills School admits students of any race, religion, gender, color, and national/ethnic origin and does not discriminate in the administration of its educational policies, admissions policies, scholarship programs, or other school-administered programs. This information is NOT used for Admissions purposes Reports need to be submitted annually to both the Archdiocese of Boston and the Massachusetts Department of Education based upon the above classifications.)

Mother: Full Name _____ Occupation _____

Place of Employment _____

Work Phone Number (____) ____ - ____ Cell Phone (____) ____ - ____

Email Address _____

Father: Full Name _____ Occupation _____

Place of Employment _____

Work Phone Number (____) ____ - ____ Cell Phone (____) ____ - ____

Email Address _____

Does Child live with: Mother & Father ____ Mother only ____ Father Only ____ Other ____
 (please check one)

Person(s) Responsible for Tuition _____

Admissions Packet Checklist—only complete packets will be accepted

- _____ \$100 Non-Refundable Application Fee (checks made payable to St. Mary of the Hills School)
- _____ Birth Certificate
- _____ Report Cards (full record from last completed school year & any progress reports/report cards from the current school year)
- _____ Student Evaluation Form to be completed by current Teacher (for students entering Kindergarten through Grade 8)
- _____ Health Department Form (no need for a full immunization record until after child has been accepted and you choose to enroll)
- _____ Student Questionnaire to be completed by applicant (applicable for students applying to Grades 5-8 only)

Applicant's Academic History

Current School & Address: _____

Has your child received or is currently receiving any special services? If so, please list frequency and specifics of services and/or academic area.

- Resource Assistance / Academic Support _____
- Physical Therapy _____
- Occupational Therapy _____
- Speech Therapy _____
- Private Tutoring _____
- Individual Education Plan/ 504 Plan (please attach a copy of the plan)

(Note: St. Mary of the Hills School does not discriminate based on student abilities. Our first concern is for the well being and growth of the child. It is our intent to use this information to ensure that St. Mary of the Hills School will provide the most beneficial academic setting for the child)

Has the applicant experienced any illness, skipped a grade, repeated a grade, or participated in any special tutoring / enrichment classes in the last three years? NO _____ YES _____ (please explain)

Why have you chosen to apply to St. Mary of the Hills School?

What are you hoping St. Mary of the Hill School will bring to the life of your child and your family?

- How did you hear about St. Mary's?**
- Sibling (Please provide name _____)
 - Alumni (Class of _____)
 - Neighbor/Friend (Please provide name _____)
 - Word of Mouth /Reputation
 - Lawn Sign
 - Internet Search
 - Catholic Schools Office referral
 - Other _____