



## St. Scholastica Academy Application

Teaching in the Catholic Classical Tradition

**Application Type**       New Family Application  
 Sibling Application  
 Rollover Application from Prior Year

**Mother**      \_\_\_\_\_  
First Name      Last Name

Mother's Phone      \_\_\_\_\_ - \_\_\_\_\_  
Area Code      Phone Number

Mother's Email      \_\_\_\_\_

Mother's employer and position      \_\_\_\_\_

Mother's Highest Degree and Area of Education      \_\_\_\_\_

Mother's schools attended      \_\_\_\_\_

**Father**      \_\_\_\_\_  
First Name      Last Name

Father's Phone      \_\_\_\_\_ - \_\_\_\_\_  
Area Code      Phone Number

Father's Email      \_\_\_\_\_

Father's employer and position      \_\_\_\_\_

Father's Highest Degree and Area of Education      \_\_\_\_\_

Father's schools attended      \_\_\_\_\_

Marital Status       Married       Divorced or Separated       Widowed       Other \_\_\_\_\_

Address      \_\_\_\_\_  
Street Address

Street Address Line 2      \_\_\_\_\_

City      State/Province

Postal/ Zip Code      Country

Children in Household \_\_\_\_\_  
Church Affiliation \_\_\_\_\_  
Applying for Year \_\_\_\_\_ 2019-2020 \_\_\_\_\_ 2020-2021 \_\_\_\_\_ Other

How did you learn about St. Scholastica Academy (STS)? \_\_\_\_\_  
\_\_\_\_\_

Please list any STS families that referred you. \_\_\_\_\_  
\_\_\_\_\_

What led you to apply to STS? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Students Applying for Admission**

Applicant(s):	Date of Birth	Current Grade	Applying for Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe each applicant's education history (previous schools, classes, curriculum used).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe each applicant's extracurricular interests and/or achievements.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any applicant

Been tutored

Repeated a grade

Had learning difficulties or received academic accommodations

Had behavioral, anxiety, or attention difficulties

Been subject to disciplinary action

Missed more than 10 days in a school year

Been diagnosed with a serious illness or physical, mental, or learning disability

**Children NOT applying for admission**

Child:

Date of Birth

Current School

Current Grade

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please submit the following to complete your application:

1. A family photo (Christmas card, etc) or a recent photo of each applicant
2. Most recent standardized test
3. Attendance record
4. Report card
5. Ask your teacher to complete the enclosed Teacher Recommendation Form

**Submit complete application along with \$50 application fee to:**

**St. Scholastica Academy, PO Box 62, Gotha FL 34734**

**-checks payable to St. Scholastica Academy-**



# St. Scholastica Academy Application

## Teaching in the Catholic Classical Tradition

### Student Recommendation Form

Dear fellow educator,

Please complete the information below to the best of your knowledge. Thank you!

Applicant's Name: \_\_\_\_\_  
First Name Last Name

Applicant's Current Grade \_\_\_\_\_

When did you teach the applicant? \_\_\_\_\_

What did you teach the applicant? \_\_\_\_\_

Where did you teach the applicant? \_\_\_\_\_

Please check the appropriate box for the applicant.

	Almost Always	Usually	Sometimes	Seldom
Teachable attitude				
Timely completion of assignments				
Pays attention				
Good effort on assignments				
Contributes positively to discussion				
Respects authority				
Good discipline				
Follows classroom rules				
Good attendance				
Works well with other students				
Is neat and well dressed in appearance				

Please describe the applicant's influence in your class.

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What academic concerns, if any, do you have regarding the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From a teacher's perspective, does the applicant receive proper academic and disciplinary support from his/her parents? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the applicant interacts with his/her peers within the school setting. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What level of academic success did the applicant demonstrate in your class?  
 Highest achievement  
 Above average achievement  
 Average achievement  
 Below average achievement

Do you recommend the applicant for admission to St. Scholastica Academy?  
 Yes, 100%  
 Yes  
 Yes with reservations  
 No  
 Unsure

Your name \_\_\_\_\_  
First Name Last Name

Your email \_\_\_\_\_

**Please submit this letter to:  
St. Scholastica Academy, PO Box 62, Gotha FL 34734**