

Ville de Marie Academy

Dedicated to the Immaculate Heart of Mary



Family Admission Application

*Ville de Marie Academy is a member school of the
National Association of Private Catholic and Independent Schools (NAPCIS)*

Ville de Marie Academy (VdM) reserves the right to select students on the basis of academic performance, religious commitment, lifestyle choices, and personal qualifications, including a willingness to cooperate with VdM administration and policies. However, VdM does not discriminate on the basis of race, color, national and ethnic origins in administration of its educational policies, admissions policies, and other school- administered programs.

VILLE DE MARIE ACADEMY
7940 E. Roosevelt Street, Scottsdale, AZ 85257
(480) 947-9441 ■ Fax (480) 990-8284

FAMILY ADMISSION APPLICATION

(Application Fee: \$40.00 per family)

Date: _____ Applying for Grade: _____ School Year: _____

Applicant's Name: _____
Last First Middle

Preferred Name: _____ Home Phone: () _____

Cell Phone: () _____ E-Mail: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Current Age: _____ Place of Birth: _____

Country of Citizenship: _____ Native Language: _____

Religious Preference: _____ Parish or Church: _____

Dates of: Baptism: _____ Communion: _____ Confirmation: _____

How did you learn about Ville de Marie Academy? _____

FAMILY INFORMATION

Are both parents living? _____ Are parents divorced? _____ Separated? _____ Remarried? _____

Does applicant live with both parents? _____ Mother _____ Father _____ Guardian _____

Is she/he adopted? _____ Do other adults live at home? _____ Name and Role _____

Father's Name: _____ Home Phone: () _____

Cell Phone: () _____ E-Mail: _____

Home Address (if diff. from above) _____

Religious Preference: _____ Place of Work: _____

Position or Title: _____ Work Phone: () _____

Work Address: _____

College(s) Attended: _____ Degree(s): _____

Hobbies or Special Interests: (Please include musical, dramatic, athletic, computer, crafts, etc.)

Mother's Name: _____

Maiden Name: _____ Home Phone: () _____

Cell Phone: () _____ E-Mail: _____

Home Address (if diff. from above) _____

Religious Preference: _____ Place of Work: _____

Position or Title: _____ Work Phone: () _____

Work Address: _____

College(s) attended: _____ Degree(s): _____

Hobbies of Special Interests: (Please include musical, dramatic, athletic, computer, crafts, etc.)

Names and Ages of Siblings:

Schools Currently Attending:

VOLUNTEER WORK

Please list present and past involvement in diocesan parish, apostolic or civic groups with which you have donated your time:

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

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 kind and at what age? _____

Has he/she had a serious injury? _____ If so, what kind and at what age? _____

Has applicant stayed home from school repeatedly or for long periods due to illness? _____ Please explain:

Has applicant ever received special attention or evaluation from a psychologist, therapist or counselor? _____

If yes, please list date, name and address of consultants and describe situation briefly: _____

PARENT QUESTIONNAIRE

In order for us to get to know you and your child better, please answer the following questions:

What would you say are your child’s main assets, qualities, strengths and talents (academically, socially, physically, and/or morally)?

Taking into consideration our Mission Statement, what do you expect by sending your child to Ville de Marie?

What kinds of activities do you enjoy doing together as a family?

What kind of discipline/reward system do you practice at home?

I hereby certify that all information provided on this application and all information given to Ville de Marie 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 Ville de Marie Academy is confidential and that the Director of Admissions 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:

- _____ Completed Application Form
- _____ Application and Testing Fee of \$40.00 per family
- _____ Copy of Birth Certificate
- _____ Copies of any Report Cards or Standard Tests from previous schools
- _____ Copy of Baptismal Certificate
- _____ Letter of Recommendation for children entering 7th, 8th, and 9th grades
- _____ Immunization Records



OFFICE USE ONLY:

Accepted: _____

Not Accepted: _____

App. Fee Pd. _____ Date _____ Ck# _____

Reg. Fee Pd. _____ Date _____ Ck# _____

Comments: _____

STUDENT QUESTIONNAIRE

Please answer the following questions if entering the third grade or above: (optional for younger grades)

What hobbies, sports, and activities do you most enjoy outside of school?

What is your favorite academic subject and why?

Please describe an event that has had a special impact or significance in your life?
