



2012-2013 Application Checklist

Please be sure to include all required information and forms when submitting your application. If you have any questions please call 410-563-2833.

- completed and signed application
- verification of financial need with required documents
- release of records form for prior school
- copy of most recent report card
- copy of 4th grade report card
- copy of your child's birth certificate
- I have submitted a teacher recommendation form to my child's current teacher

Please submit your application as soon as possible, but no later than 2/17/12 to:

Mother Seton Academy
2215 Greenmount Avenue
Baltimore, MD 21218



Application for 2012-2013 Admission

Application Deadline: February 17, 2012
(Please type or print all information)

Student's Full Name: _____
First Middle Last

Student's Address: _____
Number and Street Apartment #

City State Zip

Home Phone: (____) _____ Cell Phone: (____) _____

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

Present School: _____ Grade: _____

Previous Schools: _____ Grade(s): _____
_____ Grade(s): _____

Does the student qualify for the Federal free or reduced lunch program at school? Yes / No

Does the student have a library card? Yes / No

Does the student have access to a computer at home? Yes / No

How did you hear about Mother Seton Academy? _____

STUDENT'S STATEMENT OF INTEREST
(Must be in student's own handwriting, without parental assistance.)

Why do you wish to attend Mother Seton Academy and why do you think you will do well here?

Student's Signature: _____ Date: _____

FAMILY INFORMATION (Must include all known information, regardless of current contact)

	<u>Father</u>	<u>Mother</u>	<u>Other Guardian</u>
Name:	_____	_____	_____
Address:	_____	_____	_____
	_____	_____	_____
Occupation:	_____	_____	_____
Employer:	_____	_____	_____
Position:	_____	_____	_____
Home Phone:	_____	_____	_____
Cell Phone:	_____	_____	_____
Work Phone:	_____	_____	_____

Legal Guardian? Yes No **Yes No** **Yes No**

Circle all that are appropriate:

- | | | |
|--------------------------------------|-------------------------|------------------------|
| Parents together | Father remarried | Father deceased |
| Parents divorced/separated | Mother remarried | Mother deceased |
| Other (please describe) _____ | | |

Student lives with:

_____	_____	_____
Name	How long	Relationship
_____	_____	_____
Name	How long	Relationship

Brothers and Sisters (Use the other side of paper if needed)

Name	Age	Grade	Lives at home (yes/no)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Religious affiliation (optional): _____

Church or Parish: _____

Ethnic Background – circle all that apply: (optional)

African American

Asian

Caucasian

Hispanic/Latino

Native American

Other: _____

Parent Questionnaire:

(Answers to these questions on their own will not in any way disqualify a student's admissions chances. Although we are not a residential school or a school for students with unusual needs, we work with students who confront and have confronted major life challenges. The more complete our information, the better the decisions we can make, and the better we can serve the students.)

Please describe your child's academic strengths and weaknesses: _____

Please describe your child's personal strengths and weaknesses: _____

List any awards or honors your child has received: _____

List any hobbies or interests your child has: _____

Does your child participate in any clubs, athletics, or after school activities? _____

If yes, please explain: _____

Does your child have hyperactivity or ADD? _____

If yes, please explain: _____

Is there any illness or disability that impacts your child's academic performance? _____

If yes, please explain: _____

Does your child take any medications? _____

If yes, please explain: _____

Is your child presently enrolled in any type of special education program or counseling at the school he/she attends, or at some other place? _____

If yes, please explain: _____

About how many times has your child been absent or late to school in the past year? _____

Please explain: _____

Has your child skipped or repeated any grades? _____

If yes, please explain: _____

Why do you wish your child to attend Mother Seton Academy?

IMPORTANT NOTE:

It is my understanding that Mother Seton Academy is an academically challenging school with a mandatory code of attendance, dress, and conduct and that full participation of parents or guardians is necessary in order to meet the requirements of the program.

Parent/Guardian signature: _____ Date: _____

FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974:

Under the provision of this act you have the right, if your child is enrolled at Mother Seton Academy, to review his/her educational records. The act further provides that you may waive your right to see recommendations for admission.

I hereby waive any right of access that I may have to review any recommendation forms.

Parent/Guardian signature: _____ Date: _____

POLICY OF NON-DISCRIMINATION

Mother Seton Academy admits students of any race, religion, color, nationality, and ethnic origin to all rights, privileges, programs and activities generally accorded or made available at the school. The Academy does not discriminate on the basis of race, religion, color, nationality, or ethnic origin in the administration of its educational policies, scholarship.



2215 Greenmount Avenue
Baltimore, Maryland 21218
410-563-2833

VERIFICATION OF FINANCIAL NEED

The contents of this financial need application will be treated confidentially. It will be viewed only by the Administration of Mother Seton Academy.

Please type or print all information. Incomplete information will not be accepted.

The following documents must be submitted with this form:

- A copy of **each** wage earner's most recent **pay stub**.
- Copy of **most recent income tax** returns of **all working adults in the household**.
- If you are receiving any kind of **benefits** from the **Department of Social Services, Social Security, or SSI**, please submit a copy of the Award Letter.

Name of Student: _____
(First) (Middle) (Last)

HOUSEHOLD MEMBERS AND MONTHLY INCOME:

In the chart below, please list household members (children and adults) and any income earned by the members.

Name	Age	Relation to student applying	Monthly income earned

What is the total income for the student's household **each month**? _____

FINANCIAL STATUS

Is the student a foster child? _____

If yes, does the household receive monetary compensation for the child? _____

What is the monthly amount? _____

Does the student's family own a house? _____

If yes, what is the monthly mortgage payment? _____

Does the student's family rent a home? _____

If yes, what is the monthly rent payment? _____

Does the student's family own an automobile? _____

If yes, what is the monthly payment? _____

Does the student's family rent an automobile? _____

If yes, what is the monthly rent payment? _____

Does the household have any other sources of income, taxed or untaxed? _____

If yes, what is the amount? _____

Was the student fully eligible for the free Federal School Meal Program this past school year? ____

Does the student's family receive food stamps? _____ How much monthly? _____

If applicable, please list the following:

Child's Food Stamp Case Number: _____

Child's AFDC/ADC Number: _____

STATEMENT OF PARENT/GUARDIAN

I verify that the information included in this financial statement is true and accurately reflects the financial status of my child's family.

Signature of Parent or Guardian

Date



Dear Principal,

Recently, I submitted an application for my child to attend Mother Seton Academy for the 2012-2013 school year.

Among the records requested from the school the child is presently attending are

- a copy of the student's most recent report card
- a copy of the student's 4th grade final report card
- a copy of the student's most recent standardized test
- a completed copy of the enclosed teacher's recommendation form

I give my permission for these records to be released to Mother Seton Academy.

I thank you in advance for your prompt attention to this request.

You may fax this information to 410-563-7353 or mail to:

Mother Seton Academy
2215 Greenmount Avenue
Baltimore, MD 21218

Should you have any questions, please call the school office at 410-563-2833.

Student's name

Student's Date of Birth

Parent/Guardian Name

Parent/Guardian Signature

Date



RECOMMENDATION FORM

REQUEST FOR INFORMATION – to be completed by a teacher, principal or school counselor

Name of Student: _____ Grade: _____

School Currently Attending: _____

Length of Time in This School: _____

The above named student has applied for placement in Mother Seton Academy next fall. Mother Seton Academy is a tuition-free, Catholic middle school for children from low-income families. Our mission is to prepare our middle school students for admission into college preparatory public, Catholic and private high schools.

We are seeking children who have potential to do well academically. We do not offer special education services; therefore, we are not able to assist students with special needs. However, we provide small classes and an extended day and, therefore, are able to assist students who are working slightly below grade level.

We ask for your assistance in identifying students who would benefit from our program. In order that we may have a well-rounded picture of the child, we ask that you share the following information by completing this form.

I. Please evaluate the following areas by:

E – Excellent **G** – Good **F** – Fair **U** – Unsatisfactory **NB** – No Basis for Evaluation

_____ General Attitude	_____ Cooperation
_____ Effort	_____ Classroom Conduct
_____ Relationship with Teachers	_____ Relationship with Peers
_____ Respects Authority	_____ Home Study Habits
_____ Shows Initiative	_____ School Study Habits
_____ Takes Pride in Work	_____ Completes Class Assignments
_____ Completes Homework	_____ Attendance
_____ Promptness	_____ Parent/Guardian Involvement

II. Please evaluate the following areas by:

O – Outstanding Progress **S** – Satisfactory Progress **B** – Below Average Progress
F – Failing to make progress **NB** – No Basis for Evaluation

_____ Reading _____ Math _____ English _____ Science _____ Spelling

(Continued on back)

III. Based on the academic work that the student has completed in your school, please rate the total academic progress of this student. Check one.

- _____ Outstanding
- _____ Above Average Student
- _____ Average Student
- _____ Low Average Student
- _____ Working Below Grade Level

IV. Discipline – Please comment: _____

V. Parent/Guardian attitude and degree of involvement – Please comment: _____

VI. Most recent **Achievement Scores**: Please send copy with this form.

VII. Most Recent I.Q. Test Score (if known): _____ Form: _____ Date: _____

VIII. How long and in what capacity have you known this child? _____

Name of Person Completing Form: _____

Signature of Person Completing Form: _____ Date: _____

Title: _____ Phone _____ Email _____

Are you willing to be contacted by a staff member of MSA if we need further information? _____

Thank you for your assistance. Please feel free to attach additional comments.
You may fax this form to 410-563-7353 or mail it to:

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2215 Greenmount Avenue
Baltimore, MD 21218
410-563-2833
410-563-7353 (fax)

The information received on this form will be kept CONFIDENTIAL.