



Office Use Only

1. Date Application Received: _____
2. Application Complete: _____
3. Parent Interview Date: _____
4. Student Interview Date: _____
5. Accepted: _____ Denied: _____
6. Date Notification Letter Sent: _____

APPLICATION (2009–2010)

(Please fill out a separate information form for each student applying.)

Name of Student: _____ Date _____

Sex: M F D.O.B. ___/___/___ Grade Entering: _____

Home Address _____

City/ State/ Zip _____ Home Phone: _____

Father's Name _____ Work Phone: _____

Employer: _____ Position: _____

Address: _____ E-mail: _____

Mother's Name _____ Work Phone _____

Employer _____ Position: _____

Address: _____ E-mail: _____

Family's Church: _____ Town: _____

Pastor _____

Siblings' names and ages _____



1. Please list the school your child last attended or is presently attending.

Name of School _____ Principal's name _____

Grades attended _____ Phone _____

Address: City/State/Zip _____

2. Please provide us with the following background information on the student. For your child's best interest, please be candid when you answer the following questions. Further elaboration on your answers may take place during an interview.

a. Has the student ever been referred for testing or placed in a special program?

Yes _____ No _____

b. Has the student received any other special help or tutoring? Yes _____ No _____

c. Has the student ever repeated a grade for any reason? Yes _____ No _____

If so, which grade? _____

d. Has the student received any special honors or awards for scholastic achievements?

Yes . No ____ If yes, what were they? _____

e. Has the student ever been suspended or expelled from a school? Yes _____ No _____

f. Has the student ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, or mental problems?

Yes _____ No _____ If so, briefly state the nature of the problem: _____

g. Has the student ever been examined or treated by a counselor/doctor/ psychiatrist for hyperactivity or attention deficit disorder (ADD or ADHD)? Yes _____ No _____

h. Do you suspect or have you been told that your child might have dyslexia?

Yes _____ No _____

i. Has the student been involved in legal problems or been arrested? Yes _____ No _____



TO MAKE THIS APPLICATION COMPLETE, PLEASE INCLUDE THE FOLLOWING:

- A \$65.00 **application fee** per student
- A copy of the most recent **achievement test scores**, if available
- Copy of **report cards** from the most recent quarter and the previous year
- Recommendation letters** from any two of the following: English teacher, math teacher, youth leader, or pastor
- A **letter by the student** explaining why he or she wants to attend Caritas Academy.

1. After we receive the completed application and other required materials, we will contact you to arrange an interview. If we determine that an entrance exam may be helpful, the school will arrange that with you as well.

TUITION AND FEES (ACADEMIC YEAR 2009 - 2010)

- Application Fee: \$65 per student
- Annual Tuition: \$6,770 first student
\$6,093 second student discount
- Materials & Activity Fee:* \$450 per student

* Covers materials for science labs and fine arts classes, books for English classes (which students keep), and Thursday activities

Tuition payments may be made in 10 installments. First two (first and last month's tuition) are due by June 1, 2009 and July 1, 2009 respectively. Each subsequent installment should be made by the second day of each month, starting with October. There is a \$25 late fee if tuition is paid after the 10th day of each month. Please make checks payable to "Caritas Academy."

We at Caritas Academy affirm our policy of nondiscriminatory admission of students. We admit qualified students of any race, color, religious affiliation, and national or ethnic origin to all the rights and privileges, programs and activities generally accorded or made available at our school.

PARENTAL SIGNATURE

I certify that this application is correct. I understand my financial commitment and the dates payments are due, and I agree to meet my obligations faithfully to the school.

Parent or Guardian _____ Date _____

Please mail to: Caritas Academy
200 Central Street
Hudson, MA 01749