

AQUINAS ACADEMY

2015-2016 Application for Admission

Today's Date:	Starting D	oate:			
Applying for: Grade (write-in) K3 (selectTuesda	Kindergarten y\ThursdayMon/Wed/Fri	K4 Monday-Fri	select _ day select _	full day or full day or	half day half day
	Student Info				
Student's Last Name:					
First Name:	N	1iddle Name	:		
Date of Birth:	S:	S#:			
Religion:	В	aptized:	yes		_ no
Current Church/Parish	Name:				
Home Address:					
(street)	(0	city)	(state)	(zip code)	
Please list your top reaso					
#2		#3			
Transfer: yes _	no If yes, ple	ase describe			
Other schools attended:	Dates:	Name of S	chool:		
*****************	******* for office	use ****	******	*******	********
parent interview	application form	supply list		raising information	
student screening	admissions committee	parent dire		nteer information	
grade level vs. DOB	immunization form		dbook/calendar		
enrollment form "FACTS" form	emergency card uniform information	milk progra	ol care program sm \$50 i	non-refundable appli	cation fee received

Parent Questionnaire

What are your child's main assets, qualities, strengths, or talents? (academic, human, spiritual, apostolic, athletic)
What is your vision for your child when he/she is 30 or 40 years old?
Taking into consideration Aquinas Academy's philosophy "to teach the intellect, to educate the heart, to form the will," what do you expect from Aquinas Academy's education?
How is your family involved spiritually? (i.e. attend church regularly, have pray time, etc.)
What kind of discipline/reward system do you use for your child and who enforces it?
NON-DISCRIMINATORY POLICY:
Aquinas Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions, policies, scholarship and loan programs, and athletic and other school administered programs.
Please send the completed application with the enrollment form and registration fee to:

Aquinas Academy – Admissions N72 W15935 Good Hope Road Menomonee Falls, WI 53051

Received by the School Office on:

Parent Information

Mother's Name:				Phone:			
(last)	(first)	(middle)					
Address:				E-mail:			
(street)	(//	(state)	(zip)				
Religious Preference:							
Occupation:		Business Nar	ne:				
Business Address:							
Education:		College:					
Degree(s):							
Remarried Separate	ed	Divorced					
Father's Name:				Phone:			
(last)	(first)	(middle)					
Address:				E-mail:			
(street)	(city)	(state)	(zip)				
Religious Preference:							
Occupation:		Business Nar	ne:				
Business Address:							
		Degree(s):					
Remarried Separate	ed	Divorced					
* I hereby certify that all information on this application, and all information requested by Aquinas Academy for which I am responsible, 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 Aquinas Academy is confidential and shall not be disclosed to anyone, and that the Director of Admissions or the Principal may disclose, for official purposes, any information according to his/her discretion, including but not limited to secondary schools which the student has attended. Parent Signatures:							
		Date:					
		Date:					