

# Mother Seton Academy

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

## Application for Admission

Mother Seton Academy is a tuition-free, Catholic, independent middle school for boys and girls of Baltimore, Maryland. The school challenges our students to achieve academically, realize their God-given talents, and become leaders who serve their families, community and society. The school provides a holistic education in a safe, peaceful, and structured environment. Classes are taught in a single-sex environment.

*Priority will be given to students whose applications are completed and returned to Mother Seton Academy by the application deadline of February 3, 2023 at 12:00 p.m.*

*Completed applications should be mailed or delivered to:*

Mother Seton Academy  
2215 Greenmount Ave.  
Baltimore, MD 21218  
Attn: Kia Castille, Director of Recruitment

### CHECKLIST:

- Completed and Signed Application for Admission (7 pages)
  - Including: Copy of most recent tax forms (1040 or 1040A)
- Signed Release of Records Form
- Teacher Recommendation from current teacher
- School transcripts, including:
  - Most recent report card (from current academic year)
  - Most recent standardized test scores
  - Final report card and standardized test scores from previous school year
  - Other records relevant to admissions (special program placement, IEP, discipline record, etc.)
- Student's Birth Certificate

*School Use Only*

Date application received:

Received by:

Notes:



## Application for Admission

*Priority will be given to students whose applications are completed and returned to Mother Seton Academy by the application deadline of February 3, 2023 at 12:00 p.m.*

Today's Date \_\_\_\_\_

### STUDENT INFORMATION:

|  |   |  |  |
|--|---|--|--|
| Student's First Name   | Student's Last Name   | Age  | <input type="checkbox"/> Male                                  |
|  |   |  | <input type="checkbox"/> Female                                |
| Street Address   |   | Date of Birth (month/date/year)  |  |
| City, State and Zip Code   |   | How long has the student lived at this address?                        |  |
| Mailing Address (if different):  |   |  |  |
| Email Address  |   | Home Telephone Number  |  |
| Current School:  | Current Grade:<br><input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup><br><small>**Mother Seton Academy rarely accepts students for 7<sup>th</sup> or 8<sup>th</sup> grade.</small> | Does the student qualify for free and reduced meals at his/her school? | <input type="checkbox"/> Free <input type="checkbox"/> Reduced |
|  |   |  | <input type="checkbox"/> Neither                               |
|  |   |  | <input type="checkbox"/> I don't know                          |
| List all schools attended from 1 <sup>st</sup> grade until present. Indicate the grade(s) attended at each school. |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
| How did you hear about Mother Seton Academy? Please be specific.   |   |  |  |

***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. Mother Seton Academy does not discriminate on the basis of race, religion, color, nationality or ethnic origin in the administration of its educational policies and scholarship, athletic, and other school-administered programs.*

**STUDENT INFORMATION (continued):**

List any honors or awards the student has received.

List all current and recent extracurricular activities (athletics, music/art, clubs, community, etc.).

List all hobbies/interests.

**OPTIONAL INFORMATION:**

*This optional information does not impact admissions decisions. The data collected will be used for group reports only and will not be reported for individuals.*

Religious affiliation: \_\_\_\_\_

Church or parish: \_\_\_\_\_

Choose one ethnicity:    Hispanic/Latino                       Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- |                                |  |  |
|--------------------------------|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native    | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Other _____               |

## FAMILY INFORMATION:

Must include all known information, regardless of current contact.

| Mother                      | Father                      | Guardian (Relationship to student _____) |
|-----------------------------|-----------------------------|--|
| Name:                       | Name:                       | Name:                                    |
| Age:                        | Age:                        | Age:                                     |
| Address:                    | Address:                    | Address:                                 |
| Occupation:                 | Occupation:                 | Occupation:                              |
| Employer:                   | Employer:                   | Employer:                                |
| Position:                   | Position:                   | Position:                                |
| Highest Level of Education: | Highest Level of Education: | Highest Level of Education:              |
| Home Phone:                 | Home Phone:                 | Home Phone:                              |
| Cell Phone:                 | Cell Phone:                 | Cell Phone:                              |
| Work Phone:                 | Work Phone:                 | Work Phone:                              |
| Email Address:              | Email Address:              | Email Address:                           |

Check if appropriate:

- Mother deceased     
  Father deceased     
  Parents separated     
  Parents divorced

With whom does the student primarily reside? Check all that apply.

- Mother     
  Father     
  Guardian (Relationship to student \_\_\_\_\_)

Is the student applying a foster child?  Yes  No

Are there foster children (one or more) living in the household?  Yes  No

| Siblings and dependents living at home (not parents).<br>Include step-siblings and other dependents. | Age | Grade | School (if applicable) |
|--|-----|-------|------------------------|
|  |     |       |                        |
|  |     |       |                        |
|  |     |       |                        |
|  |     |       |                        |
|  |     |       |                        |

## PARENT QUESTIONNAIRE:

Answers to these questions on their own will not disqualify a student from being considered for admission. The more complete our information about each student, the better we can serve our students.

Does your child suffer from any serious illness, disability, physical or emotional limitations, depression or other mental illness? (check one)

- Yes. Please explain. \_\_\_\_\_  
 No

Does your child take any prescription medication?

- Yes. Please explain. \_\_\_\_\_  
 No

Does your child have hyperactivity or attention deficit disorder?

- Yes. Please explain. \_\_\_\_\_  
 No

Has your child experienced significant behavioral struggles?

- Yes. Please explain. \_\_\_\_\_  
 No

Has your child skipped or repeated a grade?

- Yes. Please explain. \_\_\_\_\_  
 No

Is your child presently enrolled in enrichment or tutoring, at school or another place?

- Yes. Please explain. \_\_\_\_\_  
 No

Is your child enrolled in counseling, at school or another place?

- Yes. Please explain. \_\_\_\_\_  
 No

Does your child have an IEP or is your child enrolled in any type of special education program, at school or another place?

- Yes. Please explain. \_\_\_\_\_  
 No

Why do you want your child to attend Mother Seton Academy? Please explain any special circumstances that make this child particularly deserving or in need of education at Mother Seton Academy. You may attach another sheet of paper if needed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL STATEMENT:**

Students admitted to Mother Seton Academy will receive a full scholarship to attend the school, with the parents/guardians responsible for a \$250 activity fee for the year. Mother Seton Academy follows the Federal Free and Reduced Meal standards and the Financial Statement as guidelines for the financial requirements we have for admissions. As part of the Financial Statement, please submit the most recent tax return (form 1040 or 1040A) with this application.

NOTE: Any falsified information will result in the termination of the application and/or enrollment.

Student Name \_\_\_\_\_ Parent/Guardian Completing this Form \_\_\_\_\_

Total number of people in household \_\_\_\_\_

| Household Names<br>List names of <u>all</u> household members, including children. | Earnings from work before deductions. Do not include overtime or bonuses. |            | Welfare, child support, alimony |            | Pensions, retirement, Social Security, SSI, VA Benefits, Disability |            | All other income |            | Check if no income       |
|--|---|------------|---------------------------------|------------|---|------------|------------------|------------|--------------------------|
|  | Income  | How often* | Income                          | How often* | Income  | How often* | Income           | How often* |                          |
|  | \$  |            | \$                              |            | \$  |            | \$               |            | <input type="checkbox"/> |
|  | \$  |            | \$                              |            | \$  |            | \$               |            | <input type="checkbox"/> |
|  | \$  |            | \$                              |            | \$  |            | \$               |            | <input type="checkbox"/> |
|  | \$  |            | \$                              |            | \$  |            | \$               |            | <input type="checkbox"/> |
|  | \$  |            | \$                              |            | \$  |            | \$               |            | <input type="checkbox"/> |
|  | \$  |            | \$                              |            | \$  |            | \$               |            | <input type="checkbox"/> |
|  | \$  |            | \$                              |            | \$  |            | \$               |            | <input type="checkbox"/> |
|  | \$  |            | \$                              |            | \$  |            | \$               |            | <input type="checkbox"/> |
|  | \$  |            | \$                              |            | \$  |            | \$               |            | <input type="checkbox"/> |

\* How often options include: Annually, Monthly, Every 2 Weeks, Twice a Month, Weekly

**ASSET REPORT**

Current amount of cash, savings, checking, NOW accounts and certificates of deposit (do not include tax-deferred retirement accounts such as an IRA) \$\_\_\_\_\_

Current market value of stocks, bonds, mutual funds, money market accounts (do not include tax-deferred retirement accounts) \$\_\_\_\_\_

***If you own your own home:***

How much did it cost? \$\_\_\_\_\_

What year was it purchased? \_\_\_\_\_

What is its fair value today? (Give best estimate.) \_\_\_\_\_

How much do you owe on it? \$\_\_\_\_\_

***If you own one or more vehicles:***

|                            | VEHICLE 1 | VEHICLE 2 | VEHICLE 3 |
|----------------------------|-----------|-----------|-----------|
| How much did it cost?      | \$_____   | \$_____   | \$_____   |
| Year                       | _____     | _____     | _____     |
| Make/Model                 | _____     | _____     | _____     |
| How much do you owe on it? | \$_____   | \$_____   | \$_____   |

**CASE NUMBER**

If applicable, give the Food Supplement Program or TCA case number for household: \_\_\_\_\_

**TAX RETURNS**

I understand as part of the Assets Disclosure and Financial Statement, I need to submit the most recent tax return (form 1040 or 1040A) with this application.

Initial: \_\_\_\_\_

**SPECIAL FINANCIAL CIRCUMSTANCES**

Occasionally, families anticipate special financial circumstances. If so, please provide a brief description of any significant changes in income, expenses or financial condition expected during this coming school year, or other information (such as funds in restricted trust) you would like considered when eligibility is being determined. You may attach an additional sheet if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTE**

It is my understanding that Mother Seton Academy is an academically challenging school with an extended day and year and a required code of conduct, attendance, and dress. I understand that full participation of students, as well as full participation of parents/guardians, is necessary in order for students to be successful at Mother Seton Academy.

I certify that the information on this application is complete and accurate to the best of my knowledge. I understand that falsification of information will result in the termination of the application and/or enrollment.

✕ Student signature \_\_\_\_\_

Date \_\_\_\_\_

✕ Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_