

# KINGSWOOD ACADEMY ADMISSION APPLICATION

APPLICANT INFORMATION		OFFICE USE:		School speak ____	Files ____	One call now ____	Class list ____	Birthday ____
Student full name (last, first, middle):								
Name applicant uses (if different than given name)						Today's date:		
Home address:								
Date of Birth:			Grade Entering:			Male/Female:		
Home phone:			For school year:			Resides with:		

### MARITAL STATUS OF PARENTS

- |                                   |                                    |                                      |
|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Married  | <input type="checkbox"/> Separated | <input type="checkbox"/> Single      |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Widow(er) | <input type="checkbox"/> Other _____ |

PARENT INFORMATION	
Father's Full Name	Mother's Full Name
Employer	Employer
Occupation/Title	Occupation/Title
Work Phone	Work Phone
Home Address	Home Address
City/State/Zip	City/State/Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Email	Email
Father's Education	Mother's Education

EMERGENCY CONTACT			
Name of a relative not residing with you:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			

APPLICANT'S PRESENT SCHOOL		
Applicant currently attends:		
Address:	City/State:	Current grade:

SIBLINGS			
NAME	AGE	GRADE	SCHOOL

Father's Initials \_\_\_\_\_

KINGSWOOD ACADEMY

Mother's Initials \_\_\_\_\_

# KINGSWOOD ACADEMY ADMISSION APPLICATION

## STUDENT PROFILE

Describe your child's personality and interests.

Describe your child's academic abilities and learning style.

Has your child ever skipped a grade or been involved in any enrichment programs?

Has your child ever been held back in school?

Has your child been required to have academic tutoring?

If yes, please list subject(s).

Has your child ever been expelled?

If yes, please describe the circumstances in detail.

Does your child receive medical treatment for allergies or any chronic condition?

If yes, please explain.

Does your child have any limitations for gym or recess?

If yes, please explain.

Please list the applicant's participation in extra-curricular activities, sports, and/or hobbies including the number of hours/days per week.

Is your child Catholic?

What sacraments have your child received?  Baptism  Reconciliation  Holy Communion  Confirmation

What parish does your child attend?

## EDUCATIONAL PHILOSOPHY

Based on the observations during your visit or information provided to you, what inspired you to apply to Kingswood Academy?

What do you feel is your role in your child's education?

Father's Initials \_\_\_\_\_

KINGSWOOD ACADEMY

Mother's Initials \_\_\_\_\_

# KINGSWOOD ACADEMY ADMISSION APPLICATION

## EXTENDED FAMILY INFORMATION

If Father is remarried:	If Mother is remarried:
Stepmother's Name:	Stepfather's Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Occupation:	Occupation:
Place of Employment:	Place of Employment:
Email address:	Email address:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Authorized to make decisions on behalf of applicant: Authorized to pick up applicant from school: Authorized to discuss school work and grades:	Authorized to make decisions on behalf of applicant: Authorized to pick up applicant from school: Authorized to discuss school work and grades:

## REFERRED BY

How did you hear about Kingswood Academy?

Relative  
  Friend  
  Current Kingswood Family  
  Faculty  
  Student  
 If so, who?

Newspaper  
  Radio  
  Internet  
  Other  
 If so, how?

## CHECKLIST AND AUTHORIZATION

All questions have been answered accurately and completely

A non-refundable application fee of \$100 accompanies this application made payable to Kingswood Academy

Both parents have signed the application and initialed each page

By signing this application, I/we affirm that the information given is correct to the best of my/our knowledge. Further, I/we understand and accept that falsification or deception in any aspect of the application process may result in an immediate review and possible revocation of admission.

Person(s) responsible for payment of applicant's bills

Signature of Mother:	Date:
Signature of Father:	Date:

You will be contacted about the next step in the admission process. Thank you for your cooperation in filling out this application. We look forward to serving your family.

Applications can be mailed or delivered to :

**Kingswood Academy  
Admissions  
133 Plainfield Road  
Darien, IL 60561**

*Kingswood Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to the students at the Academy. We do not discriminate on the basis of race, color, national and ethnic origin in the administration of our educational policies, financial assistance programs and other school administered programs.*

Father's Initials \_\_\_\_\_

KINGSWOOD ACADEMY

Mother's Initials \_\_\_\_\_