

# Seton School

2018-2019 Application for Admission  
**Application deadline: Friday, January 5, 2018**

## STUDENT INFORMATION

Student's Full Name \_\_\_\_\_ Nickname at school \_\_\_\_\_  
 Last First M.I.

Home Address \_\_\_\_\_  
 Number & Street City & State Zip Code

Home Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email (please print) \_\_\_\_\_

Student's Religion \_\_\_\_\_ Parish or Church \_\_\_\_\_

Male  Female Date of Birth (M/D/Y) \_\_\_\_\_

Place of Birth \_\_\_\_\_ Jurisdiction (city or county) \_\_\_\_\_

If Catholic, check Sacraments student has received:  Baptism  Penance  Eucharist  Confirmation

Schools most recently attended: School name and address Grade Dates

School name and address	Grade	Dates

Has student repeated a grade?  No  Yes If yes, state grade \_\_\_\_\_ and reason \_\_\_\_\_

Indicate previous disciplinary difficulties OR difficulties with authorities: \_\_\_\_\_  
 Note any learning, emotional, physical, or behavioral issues which may affect the student's ability to learn. **All testing/assessments must be submitted with the application.** If no testing has been done, enclose a brief description of the student's special circumstances. \_\_\_\_\_

Other Children in Family: Circle current or former Seton students (use separate sheet if necessary)

Name	Age	Name	Age

## PARENT INFORMATION

Student resides with: Check any / all that apply  
 Father  Mother  Stepfather  Stepmother  Other (specify) \_\_\_\_\_

Student's parents: Check any / all that apply  
 Father deceased  Mother deceased  Parents separated  Parents divorced  Parents never married

**If separated, divorced or never married please specify legal custody of student and any restrictions regarding access to this student and his/her records. Documentation must be provided.**

	Father	Mother	Step Parent or Other
Full Name (include titles)			
Occupation			
Employer			
Work Telephone			
Cell / Car Phone			
Religion			
Home Telephone (if different than student)			
Mail Address (if different than student)			

## **EMERGENCY CONTACT** (Other than parent)

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

**For PARENT to Answer:**

How did you hear about Seton School?

Why do you want your child to attend Seton School?

**For STUDENT to Answer:**

Why do you want to come to Seton School?

**ENTRANCE EXAM DATE REQUESTED:**

October 28, 2017   December 16, 2017   January 13, 2018   January 27, 2018

First Choice:	Second Choice:
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Family requests financial assistance: Yes No

PARENT SIGNATURE:	DATE:
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*All information on this application is considered by the school to be strictly confidential.  
Deliberate falsification of any information may result in the removal of the student from Seton School.  
Students will not be tested unless an admissions application has been received and the testing date confirmed.  
"Walk-ins" will not be accepted.*

Please include a \$125.00 non-refundable application fee and return form to: 9314 Maple Street, Manassas, VA 20110

FOR OFFICE USE				
Test Date Requested	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	Confirmed (date)	Reminder (date)
Application	Date Received:	Check #	Year:	Grade:
Deposit	Date Received:	Check #		

Test Date:	Testing Administered by:
Report Card Submitted:	Current Grade:                      Age: _____ Years _____ Months

OL	Orange	Green	Math Test Given	Algebra	Geometry
Raw Score			Math Test Scores		
Percentile					
Stanine			Composition		
DIQ					

Interview Comments:	Interviewer:
Recommended: Yes No	