

Seton School

2019-2020 Application for Admission

Application deadline: Friday, December 3, 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 20, November 17, or December 8.

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 st Choice	2 nd 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					
DIQ			Composition		

Interview Comments:	Interviewer:
	Recommended: Yes No