

Application for: (check one)	
□Freshman	☐ Transfer to Grade

Academy	/ Application for: (check of			
, 3 3 3 3 7 1 /	□Freshman	⊔ Transfer	to Grade	
228 West Market Stre	et, Newark, New Jersey 07103	973-622-1613	www.svanj.org	
		Date		
Applicant's First Name	Middle	Last		
Home Address	City	State	Zip Code	
Home Phone	Cell P	ell Phone		
Email Address		Date of Birth (Month/Day/Year)	
Present School		Present Grade		
Name of School Principal or Director		School Telepho	ne	
List other schools previously attended				
Parent/Legal Guardian (A)		Relationship		
Home Address (if different from applicant)	Street City		State Zip Code	
Cell Phone		Email		
Parent/Legal Guardian (B)		Relationship		
Home Address (if different from applicant)	Street City		State Zip Code	
Cell Phone		Email		
Parents are (please check all that apply):				
□Married □Divorced □Separ	ated □Single □ □	Mother Deceased	other Deceased	
Applicant resides with: □Both parents	□Mother □Father	□Guardian	□Other	

Is parent of applicant a graduate of Saint Vince	nt Academy?	If so, what year?		
List any relatives who are graduates, or curren	t students of Saint	t Vincent Academy.		
Name Cla	ass Year	Relationship to applicant		
Has the applicant ever been evaluated/tested	by a school child s	study team or independent educational consultant?	□Yes	□ No
If Yes, did the evaluation diagnose a learning d	ifference and elig	ibility for special services or accommodations?	□Yes	□ No
If Yes, please include a copy of the report along	g with all academi	ic records		
☐ Teacher or Guidance Counselor ☐ School Visit ☐ High School night	☐ Website	☐ Other		
Freshman/9 th Grade COOP test Elementary school records including: 6 th , 7 th grade final marks and 8 th grade Standardized test scores Attendance record	e first trimester of	first marking period grades		
Transfer Students Latest report card Standardized test scores A letter from the parent or guardian explai A letter from the applicant telling why she Transcript (end of school year)		e wants to enroll you at Saint Vincent Academy part of our community		
FINANCIAL AID				
aid form available from Admissions or online a	t <u>www.svanj.org</u> .	g applicants. If you wish to be considered, please fill only questions, please contact Admissions at 973-622-1		inancial
Send completed application to: Saint Vincent Academy Admissions 228 West Market Street Newark, New Jersey 07103				