Saint I incent Academy		n for: (check one) Freshman	Transfer to Grade:					
228 West Market Street, New	vark, New Jersey (	)7103 973-	622-1613 <u>www.svanj.o</u>	rg				
	Date							
Applicant's First Name	Middle		Last					
Home Address	City	State	Zip Code					
Home Phone	Cell Phone							
Email Address	Date of Birth (Month/Day/Year)							
Present School Name of School Principal or Director List other schools previously attended:		Present Grade						
Parent/Legal Guardian (A)		Relationship						
Home Address (if different from applicant) S	treet	City	State Zip Code					
Cell Phone		Email						
Parent/Legal Guardian (B)		Relationship						
Home Address (if different from applicant) S	treet	City	State Zip Code					
Cell Phone		Email						
Parents are (please check all that apply):	ted □Single	□ Mother Deceased	d 🗆 Father Deceased					
Applicant resides with:	□Mother □F	ather 🛛 Guardian	□Other					

is parent of application	ant a graduate of Saint Vine	cent Academy?	If so, what year?				
List any relatives v	vho are graduates, or curre	ent students of Saint	Vincent Academy	1.			
Name	Class Year Relationship to applicant						
Has the applicant ever been evaluated/tested by a school child study team or independent educational consultant? □Yes							□ No
If Yes, did the evaluation diagnose a learning difference and eligibility for special services or accommodations?							
If Yes, please inclu	ide a copy of the report alc	ong with all academi	c records				
How did you beco	me interested in Saint Vinc nt or Graduate	cent Academy?					
□Teacher or Guid	lance Counselor						
□ School Visit	□High School night	□ Website/ads	Other				

Before this application can be considered, applicants are required to submit the following:

. . . . . .

## Freshman/9<sup>th</sup> Grade

Elementary school records including: 6<sup>th</sup>, 7<sup>th</sup> grade final marks and 8<sup>th</sup> grade first trimester of first marking period grades Standardized test scores Attendance record

## **Transfer Students**

Latest report card Standardized test scores A letter from the parent or guardian explaining why he or she wants to enroll you at Saint Vincent Academy A letter from the applicant telling why she wants to become part of our community Transcript (end of school year)

## **FINANCIAL AID**

A limited amount of financial assistance is available to qualifying applicants. If you wish to be considered, please fillout the financial aid form available from Admissions or online at www.svanj.org.

Deadline for submission of financial aid form is December 4th. Any questions, please contact Admissions at admissions@svanj.org, 201-259-0009.

Send completed application to: Saint Vincent Academy Admissions 228 West Market Street Newark, New Jersey 07103