

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

228 West Market Street, Newark, New Jersey 07103

973-622-1613 <u>www.svanj.org</u>

		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		Present	Grade		
Name of School Principal or Director List		School Telephone			
other schools previously attended:					
Parent/Legal Guardian (A)		Relatio	nship		
Home Address (if different from applicant) Stre	eet	City	State	Zip Code	
Cell Phone		Email			
Parent/Legal Guardian (B)		Relatio	nship		
Home Address (if different from applicant) Stre	et	City	State	Zip Code	
Cell Phone		Email			
Parents are (please check all that apply): □Married □Divorced □Separate	ed □Single	□ Mother De	ceased \Box Fa	ather Deceased	
Applicant resides with: □Both parents □	Mother □I	Father □Guar	dian □Other		

Is parent of applicant a graduate of Saint Vincent Academy? If so, what year?									
List any relatives who are graduates, or cur	rent students of Saint	: Vincent Academy.							
Name	Class Year	Relationship to applicant							
				-					
Has the applicant ever been evaluated/test	ted by a school child s	tudy team or independent educational consultant?	□Yes	□ No					
If Yes, did the evaluation diagnose a learning	ng difference and eligi	bility for special services or accommodations?	□Yes	□ No					
If Yes, please include a copy of the report a	long with all academi	c records							
How did you become interested in Saint Vi ☐ Current Student or Graduate									
☐Teacher or Guidance Counselor									
☐ School Visit ☐ High School night	□ Website/ads	☐ Other							
Before this application can be considered, a	applicants are require	d to submit the following:							
Freshman/9 th Grade									
Elementary school records including: 6 th , 7 th grade final marks and 8 th gr Standardized test scores Attendance record	rade first trimester of	first marking period grades							
Transfer Students Latest report card Standardized test scores A letter from the parent or guardian ex A letter from the applicant telling why standardized test scores		e wants to enroll you at Saint Vincent Academy part of our community							
FINANCIAL AID									
Alimited amount of financial assistance is a the financial aid form available from Admi		applicants. If you wish to be considered, please fill ouwww.svanj.org/how-to-apply	ıt						
Deadline for submission of financial aid is Deadmissions@svanj.org, 201-259-0009.	ecember 9th. Any que	stions, please contact Admissions at							
Send completed application to: Saint Vincent Academy Admissions 228 West Market Street Newark, NJ 07103 or email completed applications to									

admissions@svanj.org