



Regina Angelorum Academy

reginaangelorumacademy.com

Application for Admission

(To be completed by the parent/guardian)

APPLICANT

Name _____
Last First Middle Nickname

Address _____
Street

_____ Telephone () _____
City State Zip

Fax: _____ Email: _____

Regina Angelorum Academy

105 Argyle Road, Ardmore, Pennsylvania 19003, Phone: (610)649-1730
reginaangelorumacademy.com

Application for academic year: _____

Name _____
Last First Middle

Social Security # _____ Country of Citizenship _____

Date of Birth _____ Place of Birth _____
Month/Day/Year

Applicant Current Grade in School _____ seeks to enroll in grade _____

Pre-K 3 (3 years old by 6/30): Tuesday, Wednesday, Thursday, 8:30am-11:30pm only

Pre-K 4: choose (3 days ___ or 5 days ___) 8:30am to 12:15pm only

In what district does the student reside? _____ **If available**, is bus transportation needed? _____

Religion _____ Parish _____

Date of Baptism _____ Date of First Holy Communion _____ Date of Confirmation _____

FAMILY

Parent's Full Name _____
(Mr., Mrs., Ms., Dr.)

Parent's Full Name _____
(Mr., Mrs., Ms., Dr.)

Home Address _____
Street

Home Address _____
Street

City _____ State _____ Zip _____

City _____ State _____ Zip _____

() _____ () _____
Home Telephone Business Telephone

() _____ () _____
Home Telephone Business Telephone

Employer _____

Employer _____

Occupation/Title _____

Occupation/Title _____

Business Address _____
Street

Business Address _____
Street

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Secondary Schools, Colleges Attended; Degrees Held:

Secondary Schools, Colleges Attended; Degrees Held:

SIBLINGS

Name _____ School _____ Age _____

Name _____ School _____ Age _____

Name _____ School _____ Age _____

Name _____ School _____ Age _____

SCHOOLS (Applicant)

Present School _____ Present Grade _____

School Address _____

Street

_____ Telephone () _____

City

State

Zip

Name of School Principal _____

Name

Title

Previous Schools Attended:

School Name	Address	Dates	Grades Attended
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School Name	Address	Dates	Grades Attended
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OTHER

Please tell us how you heard about Regina Angelorum Academy (specify name or publication if possible).

To what other schools are you considering applying?

Does applicant take any special medications? If so, explain.

Does applicant have any special needs? If so, explain.

Does applicant suffer from any illness, which may interfere with his or her studies? Please indicate [e.g. dyslexia, etc.] And please explain.

Please list any educational programs with which the applicant has been involved for the past three years of school. [e.g. honors programs, 766, Title I, tutoring, remedial programs, etc.]
