APPLICATION INTRODUCTION

Dear Parents,

Thank you for your interest in Gregory the Great Academy, a boarding school in the Catholic tradition for boys, grades 9-12. All charges and payment options are detailed in the Financial Summary. If your son is accepted and you need financial aid, we will send instructions on how to apply for a limited discount. Please do not refrain from applying based on the full tuition charge. To apply for admission, please print the following pages and mail the completed forms to:

Gregory the Great Academy
ATT: Admissions
135 St. Gregory’s Place
Elmhurst Township, PA 18444

Please be sure to send:

Application for Admission (five pages, comprising parts 1-8)
Photocopies of Baptismal and (if applicable) Confirmation certificates

Also please ensure that the following are provided for us:

Pastor’s recommendation (or a priest who knows your son well)
Teachers’ recommendations (if impossible, non-related adults)
Prior school or home-school records (current year and previous two years)

If you have any questions about the application process, or about the Academy itself, please feel free to call or email.

May God bless you and your family.

The Admissions Committee,
Gregory the Great Academy
APPLICATION for ADMISSION

PART 1 – Family Information

APPLICANT

______________________________________________    ________    _______
Name (first / middle / last)  Date of Birth  Age

Desired date of entrance___________________           _________
Year            Grade

Home Address_____________________________________     ____________________
Street                     City / State / Zip

Home Telephone (_____)______________________

Applicant lives with :  Both Parents  Mother  Father  Guardian

________________________________________       ______________________
Guardian’s Name (if applicable)  Relation to Applicant

Number of Brothers:  Older___ Younger___  Number of Sisters:  Older___ Younger___

FATHER

_____________________________________________        Living?  Yes  No

Name

Employer_________________________________  Occupation_________________

Day-time Phone (____)______________________    Cell Phone (____)__________________

E-mail Address _________________________

MOTHER

_____________________________________________        Living?  Yes  No

Name

Employer_________________________________  Occupation_________________

Day-time Phone (____)______________________    Cell Phone (____)__________________

E-mail Address _________________________

EMERGENCY CONTACT (other than parents/guardian)

____________________________________________           ______________________
Name  Relation to Applicant

Day-time Phone (____)______________________    Cell Phone (____)__________________
PART 2 – SACRAMENTAL HISTORY

Baptism: _________________________________________
Parish                                                                 City/State

Communion: _________________________________________
Parish                                                                 City/State

Confirmation: _________________________________________
Parish                                                                 City/State

*Please enclose copies of Baptismal and Confirmation certificates.*

PART 3 – Educational History

Does the applicant’s educational history include any years of...

- Home Schooling? Yes No If yes, for which grades?__________
- Parochial schooling? Yes No If yes, for which grades?__________
- Private schooling? Yes No If yes, for which grades?__________
- Public schooling? Yes No If yes, for which grades?__________

Last grade attended (or currently attending) ___________ Approximate grade average _____

Has he been diagnosed with a learning disability? Yes No (Please explain “Yes” answer in Part 6.)

Do both parents recognize the value of the educational formation offered at the Academy? Yes No (Please explain “No” answer in Part 6.)

*Please send school records for current and previous two years to Gregory the Great Academy*

PART 4 – Disciplinary History

(In determining the compatibility of the Academy with your son’s needs, we appreciate your honest answers below.)

Does your son have a history of:
- disciplinary problems at home or school?................................. Yes No
- suspensions or removal from a school?........................................ Yes No
- alcohol abuse?........................................................................ Yes No
- drug abuse?........................................................................... Yes No
- arrests?.................................................................................. Yes No

(Please explain “Yes” answers in Part 6.)
PART 5 – Health History

Is your son presently covered under a health insurance policy?  Yes  No

*(Health insurance will be required for attendance)*

Does your son have any:
(Please explain “Yes” answers.)

Currently prescribed medications?  Yes  No

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Physical disability?  Yes  No

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Psychological or behavioral disorder (incl. depression, hyperactivity, A.D.H.D.)?  Yes  No

________________________________________________________________________
________________________________________________________________________
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I (We) hereby certify that the information given in this application is accurate.

_________________________  ______________________________  _____________
Parent/Guardian Signature                                                Parent/Guardian Signature                      Date

Gregory the Great Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.
PART 6 – Applicant Description

Please tell us about your son’s strengths and weaknesses, and why you believe Gregory the Great Academy would be a good fit for him. Include any information about his education and family that you consider significant to his development. Your frank assessment of your son’s character and your reasons for applying will help us to know and serve him. Please include explanations for any “Yes” answers in Parts 3, 4, and 5. Also, please attach a recent photo of your son.

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PART 7 – Applicant Essay

Using the spaces below, please express in your own handwriting the answers to the following questions.

What good things and difficult things do you anticipate experiencing at a boarding school?

______________________________________________________________________________
______________________________________________________________________________
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What is a book you love and why?

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What is the purpose of school?

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**Part 8 – Financial Summary**

**Itemization of Charges**

The itemization below represents all the charges that will be required.

- **Tuition/Room and Board**.......................... $17,500
- **Activities Fee (non-refundable)**.......... $1,200
- **Personal expenses**.............................. see below

**Personal Expense Fund**

We require that parents establish a personal expense fund for their sons in the form of a debit card or prepaid credit card. We ask that you allow your son to have an allowance of no more than $20 per week. Typical allowances are $5 or $10 per week.

**Tuition Discounts**

The Academy does not have a scholarship fund. Limited financial aid is sometimes available in the form of tuition discounts, which we must recover through our fundraising efforts. Therefore, we ask that you carefully and prayerfully consider what you can pay for your son’s education.

**Payment Plans**

Tuition payments may be prorated semi-annually or over nine months. On a nine-month plan, payments are due on the date you choose (either the 1st or 15th of the month) from August through April.

**Activities Fee**

This fee serves as a resource to cover athletic expenses and uniforms, texts and classroom materials, and special extra-curricular events (skiing, museum and opera tickets, field trips, etc.). The Activities Fee is tied to attendance, not enrollment, and is non-refundable after one week of attendance.

**Late and Non-payment Policy**

If a payment has not been received within 30 days of the due date, and arrangements have not been made with the Headmaster, the student may be dismissed from the Academy. No student will be admitted to a new academic year until the previous year’s charges have been paid in full.

**Withdrawal / Expulsion Penalty**

If a student withdraws or is expelled from the Academy before the end of the school year, a penalty of $1,000 is due within 30 days. This policy is necessary because, as a boarding school, we can enroll only a certain number of students. Those applicants whom we were forced to turn away for want of space will have made other arrangements for the year by the time of such withdrawals. The Academy must operate on a budget, and each student is accepted with the expectation that he will complete the school year.

**Prospective Financial Commitment**

I understand that I will be asked to enter into a financial agreement with Gregory the Great Academy, and (check one)…

- [ ] I will pay the full charges.
- [ ] I will request instructions on how to apply for a tuition discount.

_______________________________      _________
Signature                                             Date
PASTOR’S RECOMMENDATION

__________________________________________

Name of Applicant

Name__________________________________________ Phone number (____)_____________

Reverend and Dear Father,

Please be objective in your responses concerning this applicant. Your remarks will remain confidential. This recommendation is an essential part of his application, so please submit this form as soon as possible. Use the address below, adding “attention: Admissions.”

How long have you known the applicant? ___ yrs Do you feel that you know him well? Yes  No

Do you foresee a likelihood of difficulties in any of the following areas?

- Academic under-achievement   Yes  No
- Lack of personal organization Yes  No
- Uncooperativeness with peers Yes  No
- Uncooperativeness with adults Yes  No
- Dishonesty                     Yes  No
- Bullying                       Yes  No
- Emotional instability          Yes  No
- Resistance to practicing the Faith Yes  No

Please describe the applicant’s character (strengths and weaknesses), or offer any other information that might help us to assess this candidate.

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Signed_____________________________________     Date__________________
Dear Sir or Madam,

Please be objective in your responses concerning this applicant. Your remarks will remain confidential. This recommendation is an essential part of his application, so please submit this form as soon as possible. Use the address below, adding “attention: Admissions.”

How long have you known the applicant? ___ yrs  Do you feel that you know him well?  Yes  No

Teachers:
Your estimate of the applicant’s prospect for success in high school:

| Poor | May have difficulty | Average | Above average | Superior |

Weakest subjects________________________  Strongest subjects________________________

Teachers or Adult Friends:
Do you foresee a likelihood of difficulties in any of the following areas?

| Attachment to entertain technology | Yes | No | Dishonesty | Yes | No |
| Uncooperativeness with peers | Yes | No | Bullying | Yes | No |
| Uncooperativeness with adults | Yes | No | Emotional instability | Yes | No |

Please describe the applicant’s character (strengths and weaknesses), or offer any other information that might help us to assess this candidate. Use reverse side for additional space.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signed__________________________________    Date_________________
MATH or ENGLISH TEACHER’S RECOMMENDATION (Homeschoolers must enlist a non-relative recommender.)

Name of Applicant

Your Name

Relationship to Applicant

Telephone

Dear Sir or Madam,

Please be objective in your responses concerning this applicant. Your remarks will remain confidential. This recommendation is an essential part of his application, so please submit this form as soon as possible. Use the address below, adding “attention: Admissions.”

How long have you known the applicant? ___ yrs Do you feel that you know him well? Yes No

Teachers:
Your estimate of the applicant’s prospect for success in high school:

Poor May have difficulty Average Above average Superior

Weakest subjects_______________________ Strongest subjects_______________________

Teachers or Adult Friends:
Do you foresee a likelihood of difficulties in any of the following areas?

Attachment to entertain technology Yes No Dishonesty Yes No

Uncooperativeness with peers Yes No Bullying Yes No

Uncooperativeness with adults Yes No Emotional instability Yes No

Please describe the applicant’s character (strengths and weaknesses), or offer any other information that might help us to assess this candidate. Use reverse side for additional space.

______________________________________________________________________________

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______________________________________________________________________________

Signed______________________________________ Date____________________

135 St. Gregory’s Place, Elmhurst Township, PA 18444 (571) 295-6244 GregorytheGreatAcademy.org