



**GREGORY THE GREAT  
ACADEMY**

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**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 below. Our tuition and boarding fee is \$18,000; however, we will consider granting limited tuition aid based on a family's need after acceptance. 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)  
Two teachers' recommendations (if impossible, non-related adults)  
Prior school or home-school records (beginning with 7<sup>th</sup> grade)

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

In Christ,

Karen Beebe  
Admissions Director



**APPLICATION for ADMISSION**

**PART 1 – Family Information**

**APPLICANT**

\_\_\_\_\_ Name (first / middle / last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Desired date of entrance \_\_\_\_\_  
Month / Year \_\_\_\_\_ Grade applying for \_\_\_\_\_

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**

\_\_\_\_\_ Name \_\_\_\_\_ Living?  Yes  No

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Day-time Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**MOTHER**

\_\_\_\_\_ Name \_\_\_\_\_ Living?  Yes  No

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for which grades? _____
Private schooling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for which grades? _____
Public schooling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for which grades? _____

Last grade attended (or currently attending) \_\_\_\_\_ Approximate grade average \_\_\_\_\_

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

*Please have school records, beginning with 7<sup>th</sup> grade, sent 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?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
suspensions or removal from a school?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
alcohol abuse?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
drug abuse?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
arrests?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please explain “Yes” answers in Part VI.)

**PART 5 – Health History**

Is your son presently covered under a health insurance or cost sharing policy?  Yes  No  
*(Health insurance or a cost sharing plan will be required for attendance.)*

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

Currently prescribed medications?  Yes  No

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Physical disability?  Yes  No

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

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Learning or social disability (such as dyslexia, Asperger syndrome, autism, etc.)?  
 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 7 – Applicant Essays**

Using the space below, please express **in your own handwriting** why you wish to attend Gregory the Great Academy.

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**PART 7 – Applicant Essays, cont’d.**

What do you look forward to and what might be difficult at 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.....\$18,000  
Activities Fee.....\$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 1<sup>st</sup> or 15<sup>th</sup> 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 non-refundable if your son withdraws or is expelled during the school year.

### **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 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 Dishonesty  Yes  No
- Lack of personal organization  Yes  No Bullying  Yes  No
- Uncooperativeness with peers  Yes  No Emotional instability  Yes  No
- Uncooperativeness with adults  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 asses this candidate.

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Signed \_\_\_\_\_ Date \_\_\_\_\_



**MATH or ENGLISH TEACHER'S  
RECOMMENDATION**

\_\_\_\_\_  
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

Your estimate of the applicant's prospect for success in high school:  
 Poor  May have difficulty  Average  Above average  Superior

Weakest subjects\_\_\_\_\_ Strongest subjects\_\_\_\_\_  
\_\_\_\_\_

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**

\_\_\_\_\_  
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

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

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\_\_\_\_\_

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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 \_\_\_\_\_