

Please Attach
A Recent Photo of
Applicant

VILLA WALSH ACADEMY
455 Western Avenue - Morristown NJ 07960
(973)538-3680 FAX (973)538-6733



GRADE 7
GRADE 9
Other _____
Specify

APPLICATION FORM

Name of Applicant _____ Date _____
Last First Middle

Home Address _____ City State Zip

Phones: Home _____ Emergency _____ Fax _____

Cell(s): _____

Parents' E-Mail(s) _____

Age _____ Date of Birth _____ Place of Birth _____ Soc. Sec. # _____ - _____ - _____

Religion _____ Parish _____ Ethnic Origin _____

Name of Present School _____ Grades Attended _____

Address of Present School _____ Phone _____

Former Schools (List in order, beginning with most recent)

School	Address	Grades Attended
_____	_____	_____
_____	_____	_____

Parents are (check if applicable)

- Married Separated Mother Deceased Father Remarried
 Divorced Father Deceased Mother Remarried

With whom does the applicant live?

- Both Parents Mother Father Other Guardian _____ (Specify)

Mother's Full Name _____ Religion of Mother _____ Soc. Sec. # _____ - _____ - _____
Mother's Maiden Name _____ Mother's Occupation _____
Position _____
Mother's Employer _____
Name of Firm Address Phone
Does your employer have a Matching Fund Program? Yes No

Father's Full Name _____ Religion of Father _____ Soc. Sec. # _____ - _____ - _____
Father's Occupation _____ Position _____
Father's Employer _____
Name of Firm Address Phone
Does your employer have a Matching Fund Program? Yes No

Person responsible for payment of tuition: Father Mother Guardian
 Other _____
Name/Address/Social Security Number

Will you be applying for financial aid: Yes * No

*If so, the necessary forms from the School Scholarship Service will be mailed to you. This information is completely confidential and in no way influences the admission decision.

Applicant _____
Last First

Is this student the **first** in her family to be attending Villa Walsh Academy? Yes No *

*Please list all relatives who have attended Villa Walsh Academy and their graduation years

Name	VWA Grad. Yr.	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all siblings:

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Optional Information:

This information is not required, but will assist in providing the services required by a student. It will not influence the admission decision in any way.

Does the student have any restrictions due to illness or physical challenge? Yes No

If yes, please describe _____

Has the student been classified by a professional as having a learning disability? Yes No

If yes, please describe _____

*Please complete both sides of this application.
Attach another sheet of paper if additional space is required for your answer(s).*

OFFICE USE ONLY
CS <input type="checkbox"/>
CP <input type="checkbox"/>
XCP <input type="checkbox"/>

ACADEMIC AND CO-CURRICULAR INFORMATION

(To be filled out by the Applicant)

Indicate scholastic honors and prizes you have received: _____

List the books you have read during the past year. Star those which were required for class.

Indicate significant school and community activities (e.g. dramatics, band, athletics, student government) _____

Indicate special training you have received and length of time you have participated in that activity
(e.g. piano - 4 years, ballet - 6 months) _____

Applicant _____
Last First

Date: _____

In which academic subjects are you particularly interested? Why? _____

In which academic subjects are you least interested? Why? _____

Indicate your hobbies and interests: _____

Why do you wish to attend Villa Walsh Academy? _____
