



# ST. STEPHEN'S & ST. AGNES SCHOOL - APPLICATION FOR ADMISSION

## GRADES 6-12

**Please print and be sure to complete all sections of the application.**

Return the completed application to the Admission Office along with the non-refundable application fee of \$70.00.

If you have questions, please call 703-212-2706.

**Mailing Address:** St. Stephen's & St. Agnes School, Admission Office, 400 Fontaine Street, Alexandria, Virginia 22302.

### • APPLICANT INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  M  F  
Last First Middle

Name used in school \_\_\_\_\_ Current Grade \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Student Email \_\_\_\_\_  
(Optional)

### • PARENT INFORMATION

Parent \_\_\_\_\_  
Full name (include title: Mr., Mrs., Ms., Dr., Capt., etc. and note nickname)

Parent \_\_\_\_\_  
Full name (include title: Mr., Mrs., Ms., Dr., Capt., etc. and note nickname)

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_

Parent Cell (\_\_\_\_\_) \_\_\_\_\_

Parent Cell (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Occupation & Position \_\_\_\_\_

Occupation & Position \_\_\_\_\_

Name of Firm \_\_\_\_\_

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Work Telephone (\_\_\_\_\_) \_\_\_\_\_

Work Telephone (\_\_\_\_\_) \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Education \_\_\_\_\_  
(schools, degrees, dates)

Education \_\_\_\_\_  
(schools, degrees, dates)

If divorced or separated, custodial parent \_\_\_\_\_

To which households should the decision letter be mailed? \_\_\_\_\_

### • OTHER CHILDREN IN FAMILY:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School or College \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School or College \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School or College \_\_\_\_\_

● **ADDITIONAL INFORMATION**

Current School \_\_\_\_\_

Address \_\_\_\_\_

School Phone \_\_\_\_\_ Principal/Head \_\_\_\_\_

Previous school(s) applicant attended:

School \_\_\_\_\_ Grade(s)/Dates \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Grade(s)/Dates \_\_\_\_\_

Address \_\_\_\_\_

Has the applicant repeated or skipped a grade?  Yes  No If so, which? \_\_\_\_\_

How did your family learn about our school? \_\_\_\_\_

Family members who have attended SSSAS and their relationship to the applicant \_\_\_\_\_

Has the applicant previously applied to SSSAS?  Yes  No If so, when? \_\_\_\_\_

Other schools which you are considering \_\_\_\_\_

Languages, other than English, spoken by the applicant at home \_\_\_\_\_

Check here if you would like financial aid information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian

