

**St. Frances Academy**  
501 E. Chase Street  
Baltimore, MD 21202



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**Fax** (410) 685-2650  
[www.sfacademy.org](http://www.sfacademy.org)

# SAINT FRANCES ACADEMY

## Application for Admissions

Application Fee: \$50.00 *non-refundable*  
Transferring Student Athlete: Yes No

Date of Application: \_\_\_\_\_  
IEP or 504: Yes No

### APPLICANT INFORMATION

\_\_\_\_\_  
*Applicant's Name* *Date of Birth*

\_\_\_\_\_  
*Current School* *Current Grade* *Applying for Grade*

\_\_\_\_\_  
*Applicant's Full Address* *City, State* *Zip Code*

\_\_\_\_\_  
*Gender* *Religious Affiliation*

### PARENT/ GUARDIAN INFORMATION

\_\_\_\_\_  
*Mother's Name* *Email Address*

\_\_\_\_\_  
*Address (If Different from Student)*

\_\_\_\_\_  
*Home Phone* *Cell Phone* *Work Phone*

\_\_\_\_\_  
*Father's Name* *Email Address*

\_\_\_\_\_  
*Address (If Different from Student)*

\_\_\_\_\_  
*Home Phone* *Cell Phone* *Work Phone*

\_\_\_\_\_  
*Guardian's Name* *Email Address*

\_\_\_\_\_  
*Address (If Different from Student)*

\_\_\_\_\_  
*Home Phone* *Cell Phone* *Work Phone*

#### OFFICE USE

DATE ADMISSIONS APPLICATION RECEIVED:

ADMISSIONS FEE RECEIPT #

ADMISSIONS INTERVIEW: DATE TIME

DECISION: APPROVED NOT APPROVED

## EMERGENCY INFORMATION

Parents will be contacted first in case of emergency. If for any reason a parent cannot be reached, please provide the following information:

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*Name of Emergency Contact*

*Relationship to Applicant*

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*Home Phone Number*

*Alternate Number*

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*Address of Emergency Contact*

**Parent Statement:** If Parent/ Guardian/ Emergency Contact Person cannot be reached, I authorize SFA to call Emergency Services if that action should be deemed necessary. I agree also to assume responsibility for expenses incurred in the handling of this emergency.

It is understood that this consent will stand as authorized only if impossible to reach parent/ guardian/ emergency contact at the time of such an emergency. This authorization will remain in effect until revoked by me in writing or until my son/ daughter has concluded attendance at *St. Frances Academy*. I certify that all of the information in this application is true. I understand that any false information in this application may result in my child being dismissed from the school and no fees will be refunded.

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*Signature*

*Date*

### **Applicants must submit a copy of the following academic records:**

- 9<sup>th</sup> grade applicants** need a copy of their final 7th grade report card, a copy of their most recent 8th grade report card, and a copy of their standardized test scores.
- 10<sup>th</sup> – 12<sup>th</sup> grade applicants** need a copy of their transcript from 9th grade to present grade and a copy of their standardized test scores.
- Applicants with an I.E.P. or 504 Plan** must submit a copy of their most recent plan in addition to their grades and standardized test scores.

**Applicants must respond to one of the following questions in essay form.** Responses should be approximately 300 words in length. The essay should be *hand-written* by the applicant without any assistance from any source.

- 1. Why are you choosing SFA and what do you expect to gain from your attendance once here?**
- 2. What is your greatest strength as a person and what is your greatest weakness?**
- 3. If you could meet one person from history, who would it be and why?**

**For more information, please contact the Admission Office**

**Nytearia Q. Burrell** ▶ (410) 539-5794 Ext: 12 ▪ [nytearia.burrell@sfacademy.org](mailto:nytearia.burrell@sfacademy.org)