



St. Andrew's Academy Application Form

Date of Application _____ Gender circle one) M F

Applying for Grade _____

Entering Year (circle one) 2007 2008 Birth Date _____

Student's Name _____
First Middle Last

Home address _____
Street Telephone

_____ *City State Zip Code*

First Parent's Name _____ Second Parent's Name _____

Home Address _____ Home Address _____

Telephone _____ Telephone _____

E-mail _____ E-mail _____

Occupation _____ Occupation _____

Business name _____ Business Name _____

Telephone _____ Telephone _____

Please list the names, ages, and schools of the candidate's siblings _____

Please list any special family situations (divorce, separation, custody arrangements) _____

What is your present home school district? _____

Present school and address:

School _____

Address _____

Street

Telephone

City

State

Zip

Other schools attended

Please list one or two teachers who would serve as references for your child.

(By listing the teachers' names, you agree to give us permission to contact them.)

1. _____ Telephone _____

2. _____ Telephone _____

What are your child's interests and talents? _____

Has your child been a member of an organized group or team? If so, please describe: _____

Does your child speak a second language? _____

Are you aware of any area where we might be able to give special help and encouragement to

your child? _____

Have any diagnostic evaluations (educational or psychological) been recommended or completed for your child? If so, please describe and when were they undertaken? _____

Has the application ever had an Individual Education Plan or Special Education accommodation?

If so, please describe and when? _____

Has your child ever been suspended, expelled or not invited back to a school? _____

Do you plan to use the Extended Day Program? _____

How did you learn of St. Andrew's Academy? _____

What benefits do you hope your child would gain from attending St. Andrew's Academy? _____

Additional Comments: _____

Please enclose a \$50 non-refundable application fee and return this form to:

St. Andrew's Academy Admissions Office

900 Stillwater Road

Mahtomedi, MN 55115

651-379-5299

admissions@saamn.org

www.saamn.org

Date Received	Fee Paid	Check #	Date of Check