

# ST. MARY *of the* ANGELS SCHOOL

## New Student Application for Admission



### Qualifications for Admission:

An Application for Admission, Parent Questionnaire, and a \$150 non-refundable Application Fee (cash or check only) must be submitted to the school between **November 1<sup>st</sup> - February 1<sup>st</sup>**, for each student applying for admission. Incomplete applications and applications received after this date will be considered on a space available basis. The following qualifications will be considered by the Admissions Committee in determining the priority for admissions of new students:

- Families with a child currently enrolled at St. Mary of the Angels School (SMA).
- Catholic families with a strong commitment to the mission and culture of SMA. This includes an openness to becoming a part of the SMA family, which is culturally, religiously, and socioeconomically diverse.
- Families who offer service to others and to their community inspired by love for neighbor, the joy of the Gospel message, and a commitment to human dignity.
- Children who will succeed in social and academic expectations determined by our Admissions Committee.

### Admissions Decisions:

Decisions are emailed to applicant families no later than March 1. Late Applicants will receive Admissions Decisions within three weeks of submitting the required application materials. Families have two weeks from receipt of the admissions acceptance email to accept a spot in the classroom and submit the following items:

- \$500 New Student Fee (cash or check only); Reduced rate of \$250 for current families with new students
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of Baptism Certificate and First Holy Communion Certificate, if applicable

Additional registration steps after submission of the above items are also required. Instructions will be provided after the above items are received. Items include:

- FamilyID Online Enrollment no later than May 1. Instructions will be provided after above items received.
- Set-up FACTS Tuition Payment Account no later than May 1. Within two weeks for Late Applicants.

Parents who change their email address after submitting their application should notify our Director of Admissions at [admissions@sma-school.org](mailto:admissions@sma-school.org).

### Applying to:

Preschool for the \_\_\_\_\_ academic year

\_\_\_\_ Grade for the \_\_\_\_\_ academic year

Name of Applicant: \_\_\_\_\_

**Application for Admission:** To be completed by a parent or guardian.

**Non-Discrimination Policy:** St. Mary of the Angels School 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 this school. St. Mary of the Angels School does not discriminate on the basis of gender, race, color or national and ethnic origin in the administration of its educational policies, scholarship programs, and athletic or other school-administered programs.

Student Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street City State Zip

Telephone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

City & State of Birth/Country of Citizenship \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Location of Baptism \_\_\_\_\_  
if applicable if applicable

Date of First Communion \_\_\_\_\_ Location of First Communion \_\_\_\_\_  
if applicable if applicable

Gender (circle one) Male Female Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you currently a registered parishioner within the Archdiocese of Chicago?

\_\_\_ Yes. We are St. Mary of the Angels parishioners.

\_\_\_ Yes. We are registered parishioners at \_\_\_\_\_.

\_\_\_ No. We are Catholic, but are not currently registered with a parish in the Archdiocese of Chicago.

\_\_\_ No. We are not Catholic.

Do you plan to apply for tuition assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, an application will be sent to you after your child has been enrolled.*

*Also, if yes, please apply for the Illinois Tax Credit Scholarship through Empower Illinois and/or Big Shoulders.*

**Please list all other children in the family:**

Name	Age	Grade/Year	School/College/Profession
_____			
_____			
_____			
_____			

## Educational History

Current school name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

### Please list other preschool programs or schools attended in the last 2 years:

School Name, Address & Dates of Attendance: \_\_\_\_\_

School Name, Address & Dates of Attendance: \_\_\_\_\_

## Parent/Family Information

With whom does the student reside: (check one)

- Mother & Father     Father     Mother     Guardian     Father & Stepmother  
 Mother & Stepfather     Relative     Other \_\_\_\_\_

Please check any that may apply:

- Father deceased     Mother deceased     Parents separated     Parents divorced

If parent's/parents' address differs from students' do you wish mailings sent to:  Father  Mother  Both

Other \_\_\_\_\_

All SMA families are included in the SMA Family Directory at the start of the school year. This is distributed to every student and includes name, address, phone number and email for each family. Please check here  if you would **not** like to be included.

**Mother/Female Guardian Name** \_\_\_\_\_  
Last First Middle Initial

Home Address \_\_\_\_\_  
Street City State Zip

Cell Telephone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Birthplace \_\_\_\_\_  
City State County

Employer/Business \_\_\_\_\_ Position/Title \_\_\_\_\_

**Father/Male Guardian Name** \_\_\_\_\_  
Last First Middle Initial

Home Address \_\_\_\_\_  
Street City State Zip

Cell Telephone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Birthplace \_\_\_\_\_  
City State County

Employer/Business \_\_\_\_\_ Position/Title \_\_\_\_\_

Name(s), if applicable, of:

Stepmother \_\_\_\_\_  
Last First Middle Initial

Cell Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Stepfather \_\_\_\_\_  
Last First Middle Initial

Cell Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

**The following questions are for statistical purposes only and have no bearing on admissions:**

Religious affiliation, if not Roman Catholic \_\_\_\_\_

Race/Ethnicity:

Caucasian

Hispanic

Black/African American

Asian

Native American

Multi-racial

Other \_\_\_\_\_

Your local public school based on your address \_\_\_\_\_

Do you intend to transfer your child to your local public school (or apply for a CPS lottery spot) after completing  
Preschool/Kindergarten?

Yes  No  Not Applicable, applying for 1<sup>st</sup>- 8<sup>th</sup> Grade

How did you hear about St. Mary of the Angels School? \_\_\_\_\_

\_\_\_\_\_

Do you have any relatives at St. Mary of the Angels School? \_\_\_\_\_

\_\_\_\_\_

Were you referred by a current St. Mary of the Angels School Family? \_\_\_\_\_

\_\_\_\_\_

Please list other schools to which you are applying \_\_\_\_\_

\_\_\_\_\_

## Transfer Students (All New Students Kindergarten – 8<sup>th</sup> Grade)

If your child is transferring from another school, additional steps in the review process will apply.

**Kindergarten:** All incoming Kindergarten students shall complete a school shadow day, if possible given the time of application. Any existing evaluations from prior schools should also be submitted along with this application. If this cannot be provided, a Kindergarten Readiness Test may also be required before an admissions decision is made.

**1<sup>st</sup> – 8<sup>th</sup> Grade:** All new students must complete a shadow day and a parent interview. The following documents should also be submitted along with this application: (i) most recent standardized test results, (ii) most recent report card, and (iii) other available school evaluations and/or recommendations.

Please describe why you would like to transfer your child to St. Mary of the Angels School \_\_\_\_\_

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## Early Intervention / Special Needs Considerations

St. Mary of the Angels School strives to educate the whole child. When a child first enters our school, it is helpful to have as much information as possible, to set the student up for success. St. Mary of the Angels School can provide additional support to its students. However, we do not have the resources to accommodate all students' additional needs.

\_\_\_ My child is/has been eligible for services through the public school system  
(Early Intervention, IEP, 504, Service Plan)

\_\_\_ My child has received/is currently receiving services from one or more specialists  
(speech therapy, occupational therapy, etc.)

*Please explain below and submit copies of the most recent evaluations along with this application:*

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## Early Childhood Program Selection

If you are applying for preschool, please indicate your preference in classes. We offer a variety of options and do our best to honor your requests upon admission.

Children must be 3 years of age and fully potty trained prior to entering the preschool program. Priority enrollment will be given to children 3 years of age by September 1.

**Your child's class placement will be based on age and schedule selected. Only those who select a full day schedule will be considered for the Junior Kindergarten and Kindergarten Prep Classrooms.**

Child's Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Full Day:  5 Day  3 Day\*

AM Half Day:  5 Day  3 Day\*

\*If selecting a 3-day program, please indicate your preference for days to attend. We will do our best to accommodate preference on a first-come, first-served basis.

Monday  Tuesday  Wednesday  Thursday  Friday

**ST. MARY *of the* ANGELS SCHOOL**  
**New Student Application for Admission**  
**Signature Page**



Please submit this signed application, a completed Parent Questionnaire, and a \$150 non-refundable application fee, to the main office (1810 N. Hermitage Ave., Chicago, IL 60622) by February 1 in order to be considered for admission to St. Mary of the Angels School. Letters of acceptance will be sent via email no later than March 1.

I have read and understand this application and certify that the information is complete and accurate to the best of my knowledge. I agree to communicate in writing any changes to this application to the SMA School office. I understand that upon discovery of inaccuracy or intentional omission of information requested, the St. Mary of the Angels School Administration reserves the right to revoke admission.

Registered By (print name): \_\_\_\_\_

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

**Non-Refundable Application Fee**

\$150 payable to St. Mary of the Angels School

\_\_\_ Cash

\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_ Date

**Enrollment Information**

For all new families enrolling in St. Mary of the Angels School, a non-refundable New Student Fee of \$500 is due within two weeks of receiving your acceptance letter. If this New Student Fee is not received in a timely manner, you are waiving the right to secure your child's spot in their assigned classroom.

State law requires St. Mary of the Angels School to verify your child's certified birth certificate prior to enrollment. As such, a copy of the child's certified birth certificate and a copy of his/her social security card shall also be submitted within the same timeframe for enrollment to be considered complete.