



2010 APPLICATION

MOUNT SAINT CHARLES ACADEMY

Office of Admissions

800 Logee Street • Woonsocket, RI 02895 • 401-769-0310

e-mail: admissions@mountsaintcharles.org

Date _____

Student Name _____
Last First Middle

Student Address _____
Number & Street

City State Zip

Phone Number (_____) _____

Parent E-Mail Address _____

Date & Place of Birth _____
Month / Day / Year City State

Parish/Congregation _____

Present Grade _____ Male Female

Present School _____

School Address _____
Number & Street

City State Zip

Family Information

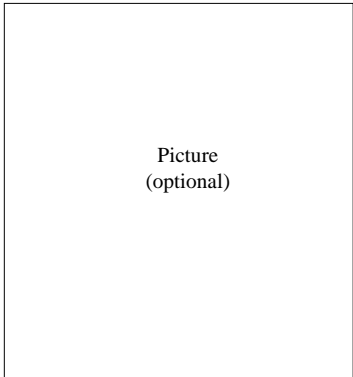
Father's Name _____
Last First M.I.

Mother's Name _____
Last First M.I. Maiden

Child resides with Both parents Mother Father Joint Custody (both parents part time)

If applicable: Parents are divorced Separated
 Mother deceased Father deceased

Ethnicity (optional) American Indian Black
 Hispanic Asian
 White other: _____



Over Please

Please give the names of **immediate family members** (parents, siblings) who have attended or are presently attending M.S.C.

Name

Relationship to Applicant

Year of Graduation

Please answer the following questions as completely and specifically as possible in the space provided.

What are your child's areas of educational strength and/or need? Are there learning issues, physical disabilities, or chronic health conditions of which we should be aware?

How did you become interested in MSC for your child?

A completed application includes:

If taking test at MSC

- Application Form
- Test Registration/Transcript Release Form
- \$25 Non-refundable Application Fee
- All parts enclosed
- Application form enclosed;
Test Registration form completed &
fee paid at Open House

If taking test at another school:

- Application Form
- Transcript Release Form
- \$25 Non-refundable Application Fee

Please note: Parents are responsible for getting test results to us. If the student is testing within the Diocese of Providence, MSC can be automatically listed as a score recipient by the student on the answer sheet. If testing outside the Diocese of Providence, arrangements must be made with the testing school to forward test results to us.

Signature of Applicant

Date

Signature of Parent/Guardian*

Date

*Parent/Guardian signature verifies that all information on this application is true and no pertinent or requested information has been withheld. Parent/Guardian understands that if information has been withheld, the child's application status may be changed and acceptance may be rescinded. Parent understands that recommendations received are not subject to parental review and do not become part of the student's permanent record file.

Mount Saint Charles Academy admits academically qualified students without regard to race, color, or ethnic origin.

Return all materials to: Admissions, Mount Saint Charles Academy, 800 Logee Street, Woonsocket RI 02895