



# 2012 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

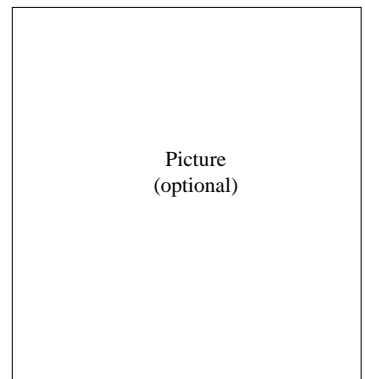
Father's Name  
Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Mother's Name  
Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Maiden \_\_\_\_\_

Child resides with  Both parents  Mother  Father  Joint Custody (both parents part time; above address is  mother or  father.)

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

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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?

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How did you become interested in MSC for your child?

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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**