

GWYNEDD-MERCY ACADEMY  
ELEMENTARY

PRELIMINARY APPLICATION FOR ADMISSION

REQUESTING ADMISSION FOR K 1 2 3 4 5 6 7 8 IN SEPTEMBER \_\_\_\_\_  
(PLEASE CIRCLE APPROPRIATE GRADE) (YEAR)

CHILDREN MUST BE FIVE YEARS OF AGE BY SEPTEMBER 1 TO BE CONSIDERED FOR ADMISSION TO THE KINDERGARTEN PROGRAM.

STUDENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE - HOME \_\_\_\_\_ E-MAIL \_\_\_\_\_

RELIGION \_\_\_\_\_ PARISH \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_

PRESENT SCHOOL \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

FATHER'S CELL PHONE \_\_\_\_\_ MOTHER'S CELL PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

MOTHER'S OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PLEASE INDICATE IF APPLICABLE. ARE PARENTS ARE SEPARATED? \_\_\_\_\_ DIVORCED? \_\_\_\_\_

WITH WHOM DOES YOUR CHILD RESIDE? \_\_\_\_\_

NAME OF STEP-PARENT \_\_\_\_\_

HAS ANYONE IN YOUR FAMILY ATTENDED GWYNEDD-MERCY ACADEMY ELEMENTARY? \_\_\_\_\_

HIGH SCHOOL? \_\_\_\_\_

IF SO, WHAT ARE THEIR NAMES AND RELATIONSHIPS TO YOUR CHILD? \_\_\_\_\_

PLEASE ENCLOSE A \$25.00 NON-REFUNDABLE FEE PER CHILD. THANK YOU.

DATE RECEIVED BY GMA \_\_\_\_\_