



Mary Queen of Apostles School

Application for Admission



ADMISSIONS PROCESS

Applying to Mary Queen of Apostles School is a simple, straightforward process, and the following will help guide you through the steps.

CAMPUS VISIT

Arrange for a campus visit by calling the school office at 724.335.5911 (Grades Preschool-3) or 724.339.4411 (Grades 4-8). A visit may be scheduled prior to submitting an application or at any time during the admissions process.

APPLICATION

1. Complete the application and the parent questionnaire for students entering Preschool through Grade 8. Complete the student questionnaire for students entering Grades 6 through 8.
2. Send the completed application, the questionnaire(s), and a \$50.00 family application fee to the school office. Please send the application to:

**MARY QUEEN OF APOSTLES SCHOOL
110 ELMTREE ROAD
NEW KENSINGTON, PA 15068**



Application for Admission

APPLICANT INFORMATION

Catholic Schools
Learn. Serve. Lead. Succeed.

* Denotes a REQUIRED field.

*Full Name _____ Nickname _____

*Home Address _____

*City _____ *State _____ *Zip _____ *Home Phone _____

Cell Phone _____ *Date of Birth _____ of upcoming year _____ *Age as of Sept 1 _____ *Male / Female (circle one)

*Applying for Grade _____ *Beginning September (year) _____ *Public School District (where you live) _____

*If applying for 3-year Preschool, please select one of the following: 2-Day 1/2 Day (AM) _____ 3-Day 1/2 Day (AM) _____

*If applying for PK 4, please select one of each of the following: 3 Day 1/2 Day (AM) _____ 5 Day 1/2 Day (AM) _____ 5 Day Full Day _____

*If applying for Kindergarten, please select one of the following: All Day _____ Half Day (AM) _____

*Religion _____ *Name and address of Catholic parish in which student is registered _____

*Has the applicant ever attended another Catholic School? Yes No If yes, please list school and address _____

*Race: American Indian/Native Alaskan Asian African American Native Hawaiian/Pacific Islander
 Caucasian Multi-racial

*Ethnicity: Hispanic Non-Hispanic

*Does applicant have any special educational or medical needs? Yes No If yes, please explain _____

*How did you hear about MQA? _____

PARENT/GUARDIAN INFORMATION

*Parent/Guardian (1) Full Name _____ *Relation to Applicant _____

Religion _____ Name and address of Catholic parish in which you are registered _____

Home Address (if different from above) _____

City _____ State _____ Zip _____ Home Phone _____

*Cell Phone _____ *Email _____

Employed by _____ Job Title _____

Work Address _____

_____ Work Telephone _____

*Parent/Guardian (2) Full Name _____ *Relation to Applicant _____

Religion _____ Name and address of Catholic parish in which you are registered _____

Home Address (if different from above) _____

City _____ State _____ Zip _____ Home Phone _____

*Cell Phone _____ *Email _____

Employed by _____ Job Title _____

Work Address _____

_____ Work Telephone _____

*Student resides with: Both Parents Mother Only Father Only Guardian _____

*Check All Those That Apply:

Parents Married Parents Separated Parents Divorced Father Remarried Father Deceased

Parents Not Married Single Parent Family Mother Remarried Mother Deceased

*Are there any special custody circumstances? _____

CUSTODY NOTE: A legal document stating guardianship must be provided in cases of divorce, adoption, physical/shared custody.

APPLICATION FOR ADMISSION CONTINUED

CURRENT SCHOOL

Name _____ Phone _____
School Address _____
City _____ State _____ Zip _____
Date Entered _____ Current Grade _____

TUITION INFORMATION

Name of Individual Responsible for Tuition _____ Relation to Applicant _____
Address (if not a parent) _____
City _____ State _____ Zip _____ Phone _____

SACRAMENTAL INFORMATION

Baptism Date _____ Parish Name and Address _____
Reconciliation Date _____ Parish Name and Address _____
First Holy Communion Date _____ Parish Name and Address _____
Confirmation Date _____ Parish Name and Address _____

SIBLINGS

Name _____ Age _____ School _____
Name _____ Age _____ School _____
Name _____ Age _____ School _____
Name _____ Age _____ School _____

RELATIVES: PLEASE LIST ANY RELATIVES WHO HAVE ATTENDED OR ARE NOW ATTENDING MARY QUEEN OF APOSTLES SCHOOL

Name _____ Relationship _____ Graduation Year _____
Name _____ Relationship _____ Graduation Year _____
Name _____ Relationship _____ Graduation Year _____

EMERGENCY CONTACTS

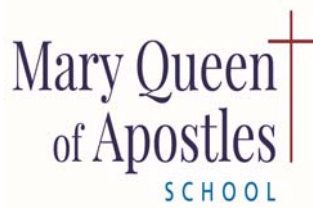
Name _____ Relationship to student _____ Phone number _____
Name _____ Relationship to student _____ Phone number _____
Name _____ Relationship to student _____ Phone number _____

Statement of Nondiscriminatory Acceptance Policy: Mary Queen of Apostles School will not discriminate on the basis of race, gender, or national origin. Students seeking acceptance and enrollment to the school will be considered based on religion, academic performance, and learning needs, attendance, character, morality and conduct consistent with Catholic doctrine and applicable payment history within a Catholic or private/nonpublic school. The school maintains the right to give preferential acceptance and enrollment to Catholic students. The student is not permitted to attend this school if she or he has an outstanding payment balance at another Catholic School within the Diocese of Greensburg. Your signature below indicates that you understand and accept the content and provisions of this application.

Parent/Guardian Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Date Received: _____ Non-refundable fee enclosed: _____ Date Paid: _____
Letter of Acceptance: _____ Information Packet Sent: _____ Records Requested: _____ Transportation Notified: _____



PARENT QUESTIONNAIRE ALL APPLICANTS

Parents or Guardians

The success of your child is important to us. Please complete the following questionnaire so that we may learn more about your child.

Name of person(s) completing this form

*First _____ *Last _____

*Relationship to Applicant _____

*What factors contributed to the decision to apply to Mary Queen of Apostles School?

*What words or phrases come to mind when describing your child?

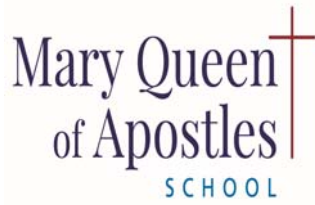
PARENT QUESTIONNAIRE CONTINUED

Please comment on what you consider to be your child's greatest strengths.

What do you hope your child will gain by attending Mary Queen of Apostles School?

Please indicate any special circumstances that may have affected the educational progress of your child.

Signature of Parent or Guardian _____ Date _____



STUDENT QUESTIONNAIRE APPLICANTS ENTERING GRADES 6-8

STUDENT INSTRUCTIONS (students entering grades 6-8 only)

Please take a moment to complete this questionnaire so we may learn more about you.

Your Name

First _____ Middle _____ Last _____

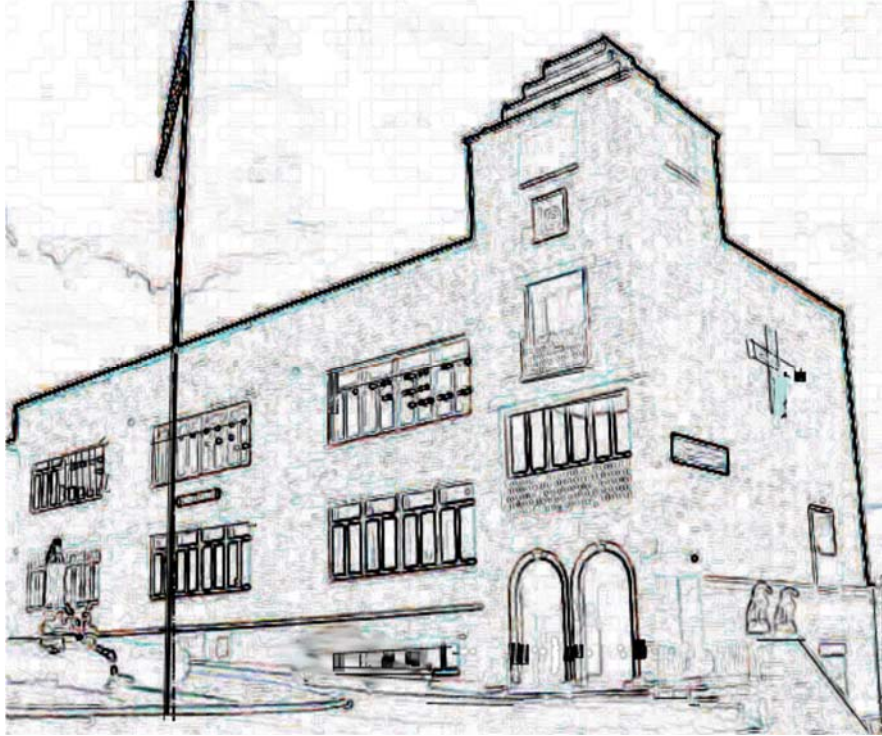
Applying for Grade _____

What is your favorite subject or activity in school? Explain.

Tell us about some of your extracurricular activities.

Describe an accomplishment of which you are particularly proud.

Is there anything else you would like the Admissions Committee to know about you?



*MQA Freeport Road Site
is the home to students in
Preschool to Grade 3.*

*MQA Greenwald Site
is the home to students in
Grades 4-8.*



Mary Queen of Apostles School
110 Elmtree Road, New Kensington, PA 15068
Phone: 724.339.4411
Email: mqa@mqa-school.org