



AQUINAS CLASSICAL ACADEMY

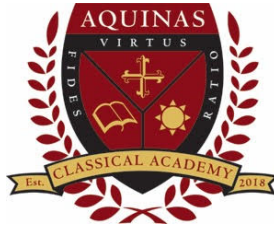
MISSION STATEMENT

Aquinas Classical Academy, an independent co-educational high school, uses an integrated, liberal arts curriculum to form students in faith, reason, and virtue. Ordered to the ultimate purposes of knowing, loving, and serving God, each member of the Academy engages in an ever-continuing pursuit of truth under the patronage of both St. Thomas Aquinas, the Common Doctor of the Catholic Church, and Our Lady, Seat of Wisdom, in obedience to the Magisterium of the Holy Roman Catholic Church.

With this in mind, and should it resonate well with you, we invite you to complete the following application.

Please submit application, fee and supporting documents to:

Aquinas Classical Academy
11010 Harbor Hill Dr, Ste. B203
Gig Harbor, WA 98332



AQUINAS CLASSICAL ACADEMY

FAMILY ADMISSION APPLICATION

Include Application Fee of \$50.00 per child

Date: _____

Applying for Grade _____ School _____
Year _____

Applicant's Name _____
Last First Middle

Preferred Name _____ Phone No. (____) _____

Home Address _____
Street City State Zip

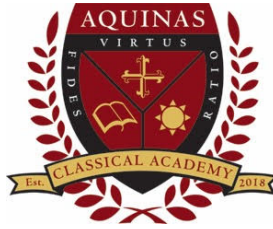
Date of Birth Age Place of Birth Country of Citizenship

Native Language Religious Affiliation Parish or Church

Date of Baptism Date of First Communion Date of Confirmation

How did you learn about Aquinas Classical Academy? _____

Father's e-mail: _____ Mother's e-mail: _____



AQUINAS CLASSICAL ACADEMY

FAMILY INFORMATION

Who lives at home with the applicant? (Please list all residents and their relationship to the applicant.)

Father's Name _____ **Work or Cell Phone** (_____) _____

Home Address (if diff. from above) _____ **Religious Affiliation** _____

Place of work _____ **Work Phone** (_____) _____

Work address _____ **Position or Title** _____

College(s) attended _____ **Degree(s)** _____

Father's hobbies or special interests: _____

(Including musical, dramatic, athletic, computer, crafts, etc.)

Mother's Name _____ **Work or Cell Phone**(_____) _____

Home Address (if diff. from above) _____ **Religious Affiliation** _____

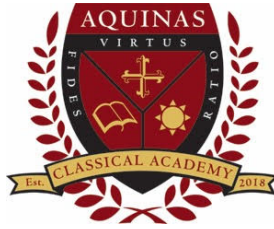
Place of work _____ **Work Phone** (_____) _____

Work address _____ **Position or Title** _____

College(s) attended _____ **Degree(s)** _____

Mother's hobbies or special interests: _____

(Including musical, dramatic, athletic, computer, crafts, etc.)



AQUINAS CLASSICAL ACADEMY

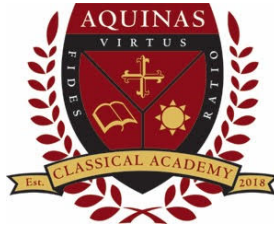
Names and Ages of Siblings

School Currently Attending

Please list any other relatives enrolled or on staff at ACA: _____

Volunteer Work

Please list present and past involvement in diocesan, parish, apostolic or civic groups with which you have donated your time. _____



AQUINAS CLASSICAL ACADEMY

SCHOOL HISTORY

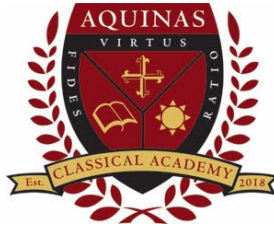
List all schools applicant has attended. (An official transcript will be necessary before high school admission.)

School	Location	Attendance Dates
<hr/>		
<hr/>		
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If you are transferring, why do you wish to transfer?

STUDENT QUESTIONNAIRE

What hobbies, musical instruments, sports, and activities do you most enjoy outside of school? _____



AQUINAS CLASSICAL ACADEMY

What is your favorite academic subject and why? _____

STUDENT ESSAY: (Please neatly handwrite 1-2 paragraphs on a separate sheet of lined paper.)

What is one of your favorite books and why?

PARENT QUESTIONNAIRE

In order for us to get to know you and your child better, please answer the following questions:

What would you say are your child's main assets, qualities, strengths, and talents (academically, socially, physically, and/or morally)? _____



AQUINAS CLASSICAL ACADEMY

What do you expect from us and from your child(ren) at Aquinas Classical Academy? _____

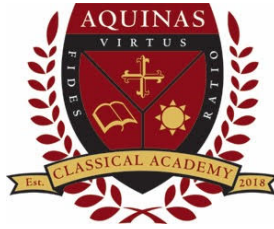
What kinds of activities do you enjoy doing together as a family? _____

I hereby certify that all information provided on this application and all information given to Aquinas Classical Academy, is complete and accurate, and I understand that falsification or omission of information may result in disqualification or dismissal.

Furthermore, I understand that all information submitted to Aquinas Classical Academy is confidential and that the Headmaster may disclose, for official purposes, any information received from the applicant according to his discretion.

Parents' or guardians' signatures:

Date:



AQUINAS CLASSICAL ACADEMY

ADMISSIONS POLICY

Aquinas Classical Academy admits all qualified students without regard to race, color, nationality or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to all students at the school. The school does not discriminate on the basis of race, color, sex, national or ethnic origin in the administration of any of its policies including its educational, admission, or scholarship policies as well as any other administered programs.

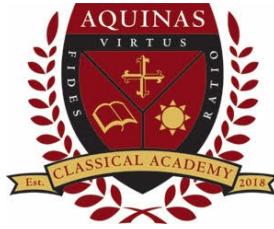
This policy does not conflict with the priority given to the admission or employment of Catholics.

All students will go through a process of successful testing and family interviews prior to admittance to Aquinas Classical Academy. An admissions committee will recommend enrollment based upon many factors including, but not limited to, classroom environment, space available, sibling enrollment status, gender distribution, etc. Faculty input is an essential element of this decision, since they know the chemistry of their classes most intimately.

All students of Aquinas Classical Academy who exhibit satisfactory academic and social performance may receive an invitation to re-enroll for the coming academic year. This invitation will need to be accepted by a given date in order to ensure a place in the class for the coming year.

ADMISSIONS PROCEDURE

- 1) Application and \$50 fee
- 2) CLT 8 Test
- 3) Interview with Headmaster
- 4) Conference of committee
- 5) Acceptance or continue on waiting list.



AQUINAS CLASSICAL ACADEMY

CHECKLIST: REQUIREMENTS FOR ADMISSION

We must receive the following items WITH this form in order to consider your application.

- Completed Application Form
- Copy of Birth Certificate
- Application fee of \$50.00 (CLT 8 testing fee included)
- Letter of recommendation
- Letter of recommendation from parish priest
- Official Transcript

CHECKLIST: ADDITIONAL DOCUMENTS NEEDED AFTER ACCEPTANCE

- Medical examination statement from doctor
- Copy of Baptismal Certificate
- Immunization Records

OFFICE USE ONLY

Accepted: _____

Not Accepted: _____

App. Fee Pd. _____

Date: _____

Check# _____

Comments: _____