APPLICATION INTRODUCTION

Dear Parents,

Thank you for your interest in Gregory the Great Academy, a boarding school in the Catholic tradition for boys, grades 9-12. All charges and payment options are detailed in the Financial Summary below. Our tuition and boarding fee is $17,000. However, we will consider granting limited tuition aid based on a family’s need after acceptance. Please do not refrain from applying based on the full tuition charge. To apply for admission, please print the following pages and mail the completed forms to:

Gregory the Great Academy
ATT: Admissions
135 St. Gregory’s Place
Elmhurst Township, PA 18444

Please be sure to send:

- Application for Admission (five pages, comprising parts 1-8)
- Photocopies of Baptismal and (if applicable) Confirmation certificates

Also please ensure that the following are provided for us:

- Pastor’s recommendation (or a priest who knows your son well)
- Teachers’ recommendations (if impossible, non-related adults)
- Prior school or home-school records (beginning with 7th grade)

If you have any questions about the application process, or about the Academy itself, please feel free to call or email.

May God bless you and your family.
APPLICATION for ADMISSION

PART 1 – Family Information

APPLICANT

______________________________________________    ________    _______  Name (first / middle / last)  Date of Birth  Age

Desired date of entrance___________________           _________  Month / Year  Grade

Home Address________________________________________  City / State / Zip

Home Telephone (_____)______________________              Soc. Sec. #_________________

Applicant lives with : Both Parents  Mother  Father  Guardian

________________________________________       ______________________  Guardian’s Name (if applicable)  Relation to Applicant

Number of Brothers:  Older____ Younger____  Number of Sisters:  Older____ Younger____

FATHER

_____________________________________________        Living?  Yes  No  Name

Employer________________________________________  Occupation_________________

Day-time Phone (____)__________________________  Cell Phone (____)__________________

E-mail Address ____________________________

MOTHER

_____________________________________________  Living?  Yes  No  Name

Employer________________________________________  Occupation_________________

Day-time Phone (____)__________________________  Cell Phone (____)__________________

E-mail Address ____________________________

EMERGENCY CONTACT (other than parents/guardian)

______________________________________________  Relation to Applicant

Day-time Phone (____)__________________________  Cell Phone (____)__________________

135 St. Gregory’s Place, Elmhurst Township, PA 18444 (571) 295-6244 GregorystheGreatAcademy.org
PART 2 – SACRAMENTAL HISTORY

Baptism: ___________________________________________________________  __________________________  __________________________
Parish                                                                                               City/State

Communion: ___________________________________________________________  __________________________  __________________________
Parish                                                                                               City/State

Confirmation: ___________________________________________________________  __________________________  __________________________
Parish                                                                                               City/State

*Please enclose copies of Baptismal and Confirmation certificates.*

PART 3 – Educational History

Does the applicant’s educational history include any years of...

| Home Schooling? | Yes | No | If yes, for which grades? | ____________ |
| Parochial schooling? | Yes | No | If yes, for which grades? | ____________ |
| Public schooling? | Yes | No | If yes, for which grades? | ____________ |

Last grade attended (or currently attending) ___________  Approximate grade average _____

Has he been diagnosed with a learning disability?       Yes       No (Please explain “Yes” answer in Part VI.)

Do both parents recognize the value of the educational formation offered at the Academy?  
Yes       No (Please explain “No” answer in Part VI.)

*Please have school records, beginning with 7th grade, sent to Gregory the Great Academy*

PART 4 – Disciplinary History

(In determining the compatibility of the Academy with your son’s needs, we appreciate your honest answers below.)

Does your son have a history of:

| disciplinary problems at home or school? | Yes | No |
| suspensions or removal from a school? | Yes | No |
| alcohol abuse? | Yes | No |
| drug abuse? | Yes | No |
| arrests? | Yes | No |

(Please explain “Yes” answers in Part VI.)
PART 5 – Health History

Is your son presently covered under a health insurance policy?   Yes   No

(Health insurance will be required for attendance)

Does your son have any:
(Please explain “Yes” answers.)

Currently prescribed medications?   Yes   No

________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

Physical disability?   Yes   No

________________________________________________________________________
________________________________________________________________________

Psychological or behavioral disorder (incl. depression, hyperactivity, A.D.H.D.)?   Yes   No

________________________________________________________________________
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________________________________________________________________________

* * * * * * * * * * * * * *

I (We) hereby certify that the information given in this application is accurate.

________________________________  ______________________________   _____________
Parent/Guardian Signature                  Parent/Guardian Signature                                            Date

Gregory the Great Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.
PART 6 – Applicant Description

Please tell us about your son – for instance, what kind of music, books, activities, sports, or hobbies he enjoys. Include any information about his character, education, or family background that you consider significant, including explanations for any “Yes” answers in Parts 3, 4, or 5. Also, please attach a recent photo of your son.
PART 7 – Applicant Essay

Using the space below, please express **in your own handwriting** why you wish to attend Gregory the Great Academy.

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Part 8 – Financial Summary

Itemization of Charges

The itemization below represents all the charges that will be required.

- Tuition/Room and Board: $17,000
- Activities Fee: $1,200
- Personal expenses: see below

Personal Expense Fund

We require that parents establish a personal expense fund for their sons in the form of a debit card or prepaid credit card. We ask that you allow your son to have an allowance of no more than $20 per week. Typical allowances are $5 or $10 per week.

Tuition Discounts

The Academy does not have a scholarship fund. Limited financial aid is sometimes available in the form of tuition discounts, which we must recover through our fundraising efforts. Therefore, we ask that you carefully and prayerfully consider what you can pay for your son’s education.

Payment Plans

Tuition payments may be prorated semi-annually or over nine months. On a nine-month plan, payments are due on the date you choose (either the 1st or 15th of the month) from August through April.

Activities Fee

This fee serves as a resource to cover athletic expenses and uniforms, texts and classroom materials, and special extra-curricular events (skiing, museum and opera tickets, field trips, etc.).

Late and Non-payment Policy

If a payment has not been received within 30 days of the due date, and arrangements have not been made with the Headmaster, the student may be dismissed from the Academy. No student will be admitted to a new academic year until the previous year’s charges have been paid in full.

Withdrawal / Expulsion Penalty

If a student withdraws or is expelled from the Academy before the end of the school year, a penalty of $1,000 is due within 30 days. This policy is necessary because, as a boarding school, we can enroll only a certain number of students. Those applicants whom we were forced to turn away for want of space will have made other arrangements for the year by the time of such withdrawals. The Academy must operate on a budget, and each student is accepted with the expectation that he will complete the school year.

Prospective Financial Commitment

I understand that I will be asked to enter into a financial agreement with Gregory the Great Academy, and (check one)…

☐ I will pay the full charges.
☐ I will request a tuition discount.

_______________________________      _________
Signature                                             Date
PASTOR’S RECOMMENDATION

Name__________________________________________ Phone number (____)_____________

Reverend and Dear Father,

Please be objective in your responses concerning this applicant. Your remarks will remain confidential. This recommendation is an essential part of his application, so please submit this form as soon as possible. Use the address below, adding “attention: Admissions.”

How long have you known the applicant? ___yrs  Do you feel that you know him well? Yes  No

Do you foresee a likelihood of difficulties in any of the following areas?

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic under-achievement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of personal organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncooperativeness with peers</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Uncooperativeness with adults</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Dishonesty
Bullying
Emotional instability
Resistance to practicing the Faith

Please describe the applicant’s character (strengths and weaknesses), or offer any other information that might help us to assess this candidate.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Signed_____________________________     Date________________
Dear Sir or Madam,

Please be objective in your responses concerning this applicant. Your remarks will remain confidential. This recommendation is an essential part of his application, so please submit this form as soon as possible. Use the address below, adding “attention: Admissions.”

How long have you known the applicant? ___ yrs  Do you feel that you know him well? Yes  No

**Teachers:**
Your estimate of the applicant’s prospect for success in high school:

<table>
<thead>
<tr>
<th>Poor</th>
<th>May have difficulty</th>
<th>Average</th>
<th>Above average</th>
<th>Superior</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Weakest subjects</th>
<th>Strongest subjects</th>
</tr>
</thead>
</table>

**Teachers or Adult Friends:**
Do you foresee a likelihood of difficulties in any of the following areas?

<table>
<thead>
<tr>
<th>Attachment to entertain technology</th>
<th>Yes  No</th>
<th>Dishonesty</th>
<th>Yes  No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncooperativeness with peers</td>
<td>Yes  No</td>
<td>Bullying</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Uncooperativeness with adults</td>
<td>Yes  No</td>
<td>Emotional instability</td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

Please describe the applicant’s character (strengths and weaknesses), or offer any other information that might help us to assess this candidate. Use reverse side for additional space.

______________________________

______________________________

______________________________

Signed__________________________    Date________________________
MATH or ENGLISH TEACHER’S
RECOMMENDATION

Name of Applicant

__________________________________    ______________________  (____)___________
Your Name                                                     Relationship to Applicant                            Telephone

Dear Sir or Madam,

Please be objective in your responses concerning this applicant. Your remarks will remain confidential. This recommendation is an essential part of his application, so please submit this form as soon as possible. Use the address below, adding “attention: Admissions.”

How long have you known the applicant? ___ yrs   Do you feel that you know him well?    Yes   No

Teachers:
Your estimate of the applicant’s prospect for success in high school:
Poor   May have difficulty   Average   Above average   Superior

Weakest subjects_________________________________ Strongest subjects_______________________

Teachers or Adult Friends:
Do you foresee a likelihood of difficulties in any of the following areas?

Attachment to entertain technology   Yes   No   Dishonesty   Yes   No
Uncooperativeness with peers   Yes   No   Bullying   Yes   No
Uncooperativeness with adults   Yes   No   Emotional instability   Yes   No

Please describe the applicant’s character (strengths and weaknesses), or offer any other information that might help us to assess this candidate. Use reverse side for additional space.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signed______________________________________    Date________________