



**GREGORY THE GREAT  
ACADEMY**

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**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 \$18,000; 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)  
Two teachers' recommendations (if impossible, non-related adults)  
Prior school or home-school records (beginning with 7<sup>th</sup> grade)

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

In Christ,

Karen Beebe  
Admissions Director

**APPLICATION for ADMISSION****PART 1 – Family Information****APPLICANT**

\_\_\_\_\_  
Name (first / middle / last)      Date of Birth      Age

Desired date of entrance \_\_\_\_\_  
Month / Year      Grade applying for

Home Address \_\_\_\_\_  
Street      City / State / Zip

Home Telephone (\_\_\_\_) \_\_\_\_\_

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**

\_\_\_\_\_  
Name      Living? ☐ Yes ☐ No

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Day-time Phone (\_\_\_\_) \_\_\_\_\_      Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**MOTHER**

\_\_\_\_\_  
Name      Living? ☐ Yes ☐ No

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Day-time Phone (\_\_\_\_) \_\_\_\_\_      Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**EMERGENCY CONTACT (other than parents/guardian)**

\_\_\_\_\_  
Name      Relation to Applicant

Day-time Phone (\_\_\_\_) \_\_\_\_\_      Cell Phone (\_\_\_\_) \_\_\_\_\_

## **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? \_\_\_\_\_

Private 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 \_\_\_\_\_

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 7<sup>th</sup> 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 or cost sharing policy? ☐ Yes ☐ No  
*(Health insurance or a cost sharing plan 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

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Psychological or behavioral disorder (such as depression, hyperactivity, A.D.H.D., etc.)?  
☐ Yes ☐ No

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Learning or social disability (such as dyslexia, Asperger syndrome, autism, etc.)?  
☐ Yes ☐ No

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

<hr/>	<hr/>	<hr/>
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.

[illegible]

## **PART 7 – Applicant Essays**

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

[illegible]

**PART 7 – Applicant Essays, cont’d.**

What do you look forward to and what might be difficult at boarding school?

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What is a book you love and why?

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What is the purpose of school?

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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.....\$18,000  
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 1<sup>st</sup> or 15<sup>th</sup> 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.). The Activities Fee is non-refundable if your son withdraws or is expelled during the school year.

### **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.

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Signature

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Date





## PASTOR'S RECOMMENDATION

\_\_\_\_\_  
Name of Applicant

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?

Academic under-achievement ☐ Yes ☐ No Dishonesty ☐ Yes ☐ No

Lack of personal organization ☐ Yes ☐ No Bullying ☐ Yes ☐ No

Uncooperativeness with peers ☐ Yes ☐ No Emotional instability ☐ Yes ☐ No

Uncooperativeness with adults ☐ Yes ☐ No Resistance to practicing the Faith ☐ Yes ☐ No

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

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Signed \_\_\_\_\_ Date \_\_\_\_\_



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## MATH or ENGLISH TEACHER'S RECOMMENDATION

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Name of Applicant

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Your Name

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Relationship to Applicant

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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

Your estimate of the applicant's prospect for success in high school:

☐ Poor    ☐ May have difficulty    ☐ Average    ☐ Above average    ☐ Superior

Weakest subjects \_\_\_\_\_ Strongest subjects \_\_\_\_\_  
\_\_\_\_\_

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

Attachment to entertain technology	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dishonesty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uncooperativeness with peers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bullying	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uncooperativeness with adults	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emotional instability	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

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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

Your estimate of the applicant's prospect for success in high school:

☐ Poor    ☐ May have difficulty    ☐ Average    ☐ Above average    ☐ Superior

Weakest subjects \_\_\_\_\_    Strongest subjects \_\_\_\_\_  
\_\_\_\_\_

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

Attachment to entertain technology	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dishonesty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uncooperativeness with peers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bullying	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uncooperativeness with adults	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emotional instability	<input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_