



*Diocese of Arlington  
Application for Admission*



Name of School Siena Academy Applying for School Year \_\_\_\_\_

Applying for \_\_\_\_\_ Toddler (18 mos. – 2 ½) \_\_\_\_\_ Children's House (2 ½ - 6) \_\_\_\_\_ Elementary (6-12)

**STUDENT DATA**

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_ Sex  M  F

Date of Birth    /   /    City & State of Birth \_\_\_\_\_  
(mm/dd/yyyy)

Country of Birth (if outside United States of America) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Public School System in which student resides \_\_\_\_\_ Public School Child Would Attend \_\_\_\_\_

Email where official school communication can be sent \_\_\_\_\_

**Previous Schools Attended: (Any child age 4 or over must have previously attended a Montessori School)**

<u>Name of School</u>	<u>Location</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religion: \_\_\_\_\_ Baptized?  yes  no

<b>For Catholic Applicants:</b>	<u>Date</u>	<u>Church</u>	<u>City and State</u>
Baptism	<u>   </u> / <u>   </u> / <u>   </u>	_____	_____
Reconciliation	<u>   </u> / <u>   </u> / <u>   </u>	_____	_____
First Eucharist	<u>   </u> / <u>   </u> / <u>   </u>	_____	_____

<b>Family Background</b>	<u>Mother</u>	<u>Father</u>
Full Name	_____	_____
Maiden Name	_____	_____
Country of Birth (if outside USA)	_____	_____
Home Address	_____	_____
Home City, State, ZIP	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Work Phone	_____	_____
Work Email	_____	_____
Occupation	_____	_____
Employer	_____	_____
Religion	_____	_____



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Parish \_\_\_\_\_

Primary language spoken in the home \_\_\_\_\_

Name and Address of person responsible for tuition/fees payment:

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Marital Status:

- Married                       Single                       Separated                       Divorced\*  
 Mother deceased               Father deceased               Father remarried               Mother remarried

*\*Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent.*

Grandparent Information:

Paternal: Name \_\_\_\_\_ Phone \_\_-\_\_-

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Maternal: Name \_\_\_\_\_ Phone \_\_-\_\_-

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Student lives with:  Both Parents     Mother     Father     Guardian (if checked, fill out below)

Guardian Name \_\_\_\_\_ Phone \_\_-\_\_- Cell Phone \_\_-\_\_-

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_-\_\_-

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Has your student ever been suspended, dismissed, expelled, or not permitted to re-enroll in a school?

yes     no    If yes, please give the name of the school and explain the reasons on a separate sheet of paper.

Has your student ever been tested or evaluated for any disability [i.e., Learning Disabilities, Attention Deficit (Hyperactivity) Disorder, Emotional Disabilities, etc.], English as a Second Language, or medical condition?

Yes     No

If yes, please describe on a separate sheet of paper any disability or medical condition that may affect the applicant's ability to fully participate in the academic and/or other programs provided at our school. If applicable, please provide dates of IEP, Student Assistance Plan, Special Ed Child Study, Special Ed Eligibility Date from base public school and Special Ed Triennial.

If you are requesting an adjustment or accommodation to allow participation to any program, please describe your request. Please provide sufficient evidence to allow us to assess your situation. We may request additional information from you and from an appropriate health professional.



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Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admission.

The following optional but helpful information is for use in applying for Federal Grants and NCEA Data Bank Information:

Ethnic status of child:

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian/Native Alaskan | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> White                            |
| <input type="checkbox"/> Black                          | <input type="checkbox"/> Multi-Racial                     |
| <input type="checkbox"/> Hispanic                       | <input type="checkbox"/> All Others                       |

To be considered for admission, the following documents must accompany this application:

1. Copy of Baptismal Certificate (Catholics only).
2. Previous Montessori Records (if applicable).
3. Copy of custody decree (if applicable).
4. Copy of Immunization Record.
5. Original birth certificate must be presented to school personnel for verification prior to admission. (For those living outside the Northern Virginia area, please send a copy of the birth certificate with the mailed application and present the original upon arrival in the area.)

Please include a non-refundable application fee of \$100. Checks may be made payable to Siena Academy.

\_\_\_\_\_ / / \_\_\_\_\_  
 Printed Name of Parent/Guardian      Date      Signature of Parent/Guardian

**OFFICE USE ONLY:**

Application Date _____	Application Fee _____	Birth Certificate _____
Baptismal Certificate _____	Custody Decree _____	Montessori Records _____
Assessment/Interview _____	In Parish _____	Out of Parish _____
Non Catholic _____	Date Accepted _____	Environment _____