



APPLICATION INFORMATION (Parents, please print or type):

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Applicant: _____
(last name) (first name) (middle name) (preferred name)

Date of Birth: _____ Age: _____ Gender: _____

Home address: _____
(street)

_____ *(city) (state) (zip code)*

Phone: (____) _____ E-mail: _____

Religion: _____ Place of Worship: _____

Grade applying for: _____

Indicate to whom all Admissions communication should be directed:

- Parents Mother only Father only Guardian

PARENT INFORMATION:

FATHER:

Mr./Dr.: _____
(circle one) (last name) (first name) (middle name)

Place of employment: _____

Occupation: _____ Work Phone: (____) _____

Please provide the following information only if different from the applicant information above:

Home address: _____
(street) (city) (state) (zip code)

Phone: (____) _____ Religion: _____ Place of Worship: _____

PARENT INFORMATION continued:

MOTHER:

Mrs./Ms./Dr.: _____
(circle one) (last name) (first name) (middle name) (maiden name)

Place of employment: _____

Occupation: _____ Work Phone: (____) _____

Please provide the following information only if different from the applicant information above:

Home address: _____
(street) (city) (state) (zip code)

Phone: (____) _____ Religion: _____ Place of Worship: _____

FAMILY INFORMATION:

STEPPARENT OR GUARDIAN

Mr./ Dr./Mrs./Ms.: _____
(circle one) (last name) (first name) (middle name)

Place of employment: _____

Occupation: _____ Work Phone: (____) _____

Please provide the following information only if different from the applicant information above:

Home address: _____
(street) (city) (state) (zip code)

Phone: (____) _____ Religion: _____ Place of Worship: _____

PLEASE CHECK ALL THAT APPLY

- Parents: Married Father deceased Mother deceased
 Separated Divorced Father remarried Mother remarried

Applicant lives with: Parents Mother Father Other: _____

If applicant's parents are divorced, which parent has legal responsibility for:

Custody of student: _____ School bills: _____

Please list the applicant's siblings:

Name:	Age:	Grade:	School attended:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOLASTIC INFORMATION

Applicant's current school: _____

School address: _____ Grades attended: _____

Principal/ Director: _____ Phone: (____) _____
Please include title (Mr. Mrs. Ms. Dr. etc) first name and last name

Please list any other schools the applicant has attended:

School name:	Location:	For grade:	Dates:
_____	_____	_____	_____
_____	_____	_____	_____

Has the applicant ever skipped or repeated a grade: Yes No

If yes, please explain:

Has the applicant ever been suspended from or asked to leave any school: Yes No

If yes, please explain:

GENERAL INFORMATION

Have any behavioral, psychological, gifted or special education evaluations of applicant been completed?

- Yes No

If yes, please be sure to send **a copy of all reports** with application. Application **is not complete** until reports have been received.

Please describe any illness, diseases or physical disabilities which either have affected or may affect the applicant's general health, school work or participation in the school's athletic program.

Are you interested in Financial Aid? Yes No

How did you hear about Barat Academy? _____

PERSONAL STATEMENTS:

Please describe the applicant as objectively as possible in the space below:

(For example, describe the applicant's special abilities- athletics, artistic, academic, etc.)

Please comment on your reason for seeking admission to Barat Academy for the applicant:

STATEMENT OF CONFIDENTIALITY

It is the policy of Barat Academy that all information received regarding an applicant's application for admission will be treated with complete confidentiality. Only authorized school personnel have access to such information and then only to the extent that the information is relevant to admission and placement decisions. Information received within the scope of this policy is not disclosed to the applicant or the applicant's family.

NOTICE OF NON-DISCRIMINATION POLICY

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Barat Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students. Barat Academy does not discriminate on the basis of race, color, national and ethnic origin in admission policies, scholarships and other school sponsored programs.

SIGNATURES:

Father or Guardian: _____ Date: _____

Mother or Guardian: _____ Date: _____

When you submit your application please enclose the following:

- **Application**
- **Release of Information Form**
- **Copies of all special reports and evaluations**
- **Application fee of \$60**
(non-refundable; check made payable to Barat Academy)

Return application to:

**Admissions Office
Barat Academy
1 Academy Place
Dardenne Prairie, MO 63368**