



EST. 1957

SMA DANVERS

ST. MARY OF THE ANNUNCIATION SCHOOL

14 Otis Street, Danvers, MA 01923
(978) 774 0307 www.smadanvers.org

ANSWERING A HIGHER CALLING

Called in Faith | Welcomed as Family | Inspired to Achieve
Entrusted to Excel | Called to Serve

2018-2019 APPLICATION

Date:

ADMISSIONS OFFICE USE ONLY

Date Application Fee Received:

Amount:

Check #:

Pin Number:

HOW DID YOU HEAR ABOUT SMA DANVERS?

LEARNING COMMUNITY INTERESTS

Early Childhood Primary (K-2) Elementary (3-5) Middle School Academy (6-8) Grade:

STUDENT INFORMATION

Last Name:		First:		Middle:	
Address:			City:		State: Zip:
Primary Phone:			Date of Birth:		Gender:
Religion:		Place of Worship:			City:
Please check one: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic			<input type="checkbox"/> Multi Race/Non Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
Previous School Attended:					
Sibling(s) Attend(ed) SMA? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, Name(s) of Sibling(s):		

Does your child have any learning concerns? YES NO if yes, do any apply? IEP 504 Other

Please attach the following to this application:

Birth Certificate	Attached <input type="checkbox"/>		
Baptism Certificate	Attached <input type="checkbox"/>	N/A <input type="checkbox"/>	
Most Recent Report Card and Two Years Prior	Attached <input type="checkbox"/>	N/A <input type="checkbox"/>	
Discipline Reports	Attached <input type="checkbox"/>	N/A <input type="checkbox"/>	
Standardized Testing Results	Attached <input type="checkbox"/>	N/A <input type="checkbox"/>	
I.E.P. (Individualized Education Plan)	Attached <input type="checkbox"/>	N/A <input type="checkbox"/>	
Section 504 Accommodation Plan	Attached <input type="checkbox"/>	N/A <input type="checkbox"/>	
Immunization Records	Attached <input type="checkbox"/>		
Record of Physical Within the Last Year	Attached <input type="checkbox"/>		
\$125 <u>Nonrefundable Fee</u> Per Applicant (New Families Only)	Attached <input type="checkbox"/>		

MOTHER/GUARDIAN INFORMATION

Last Name: First: Middle:

Address: City: State: Zip:

Cell Phone: Email:

Employer: Title: Profession:

Education: High School: Grad Year: Undergrad: Grad Year: Degree: Postgrad: Grad Year: Degree:

Alumnus of SMA Danvers Yes No Years Attended: Year of Graduation:

Name of Maternal Grandparents:

Address: City: State: Zip:

Email:

FATHER/GUARDIAN INFORMATION

Last Name: First: Middle:

Address: City: State: Zip:

Cell Phone: Email:

Employer: Title: Profession:

Education: High School: Grad Year: Undergrad: Grad Year: Degree: Postgrad: Grad Year: Degree:

Alumnus of SMA Danvers Yes No Years Attended: Year of Graduation:

Name of Paternal Grandparents:

Address: City: State: Zip:

Email:

RESIDENCE

Student resides with: Both Parents Mother Father Guardian

Name(s) of who has legal access to student records:

If there are legal issue(s) or concern(s) or any other home issue pertinent to your child, a copy of any documents, including legal/court, must be on file in the school office.

PARENT/GUARDIAN SIGNATURE

Name (printed): Signature: Date