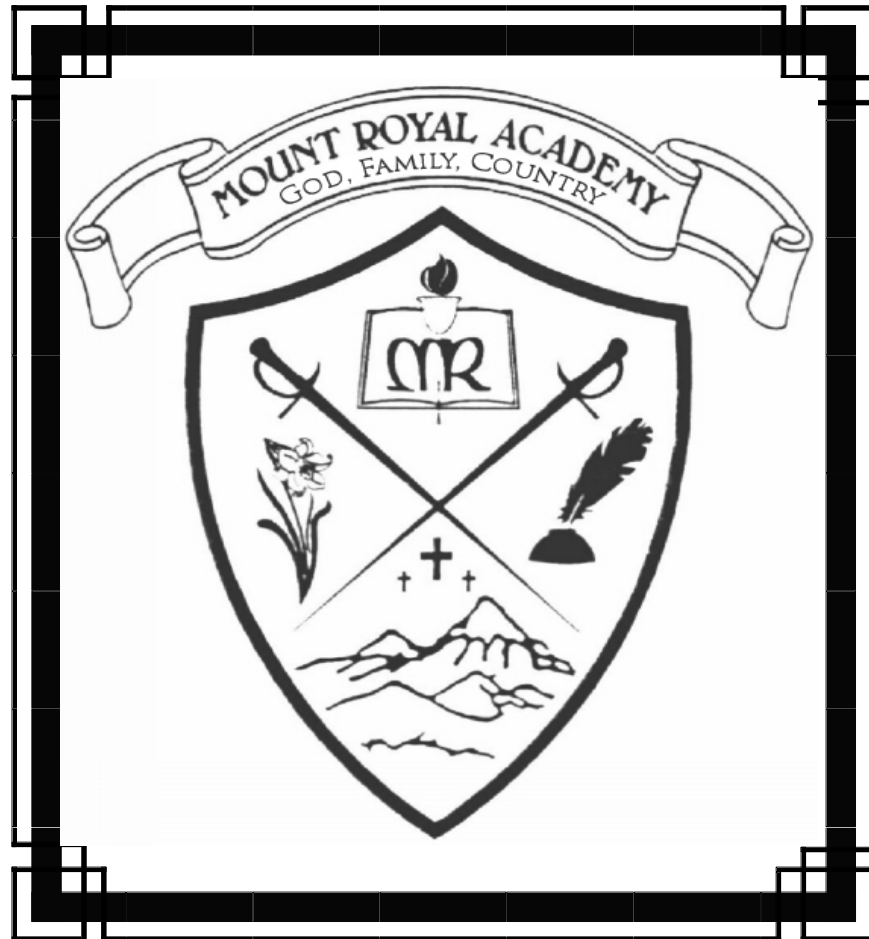


Mount Royal Academy



Admissions

Welcome to Mount Royal Academy

MISSION:

Mount Royal Academy is a private school providing a traditional Catholic education for children in grades Pre-Kindergarten through High School. We are committed to the academic and character formation of each student.

ADMISSION POLICY:

We welcome students of any race, creed, color, and national and ethnic origin. Each student is entitled to the same rights, privileges, programs, and activities available to all students of the school. We do not discriminate on the basis of race, color, or national and ethnic origin in the administration of any of our policies.

CURRICULUM:

Mount Royal Academy's curriculum is quite demanding. Beginning in Pre-Kindergarten, students begin the formal process of learning to read and write so that an initial mastery of these two skills will be gained by the end of Kindergarten. Students are taught to read through the use of phonics, as opposed to whole language or other approaches to reading. Our general curriculum is as follows:

Catholic Doctrine, Phonics, Reading, Spelling, Handwriting, Mathematics, English Grammar, Writing, Art, Science, History, Geography, Music, Physical Education, and Latin.

For further information on our current curriculum, please call the Academy.

VISITS:

To best understand the mission and identity of Mount Royal Academy it is strongly recommended that any interested persons contact the Academy and schedule a visit. It is our opinion that, after seeing our school building, observing classes, and meeting with current students, any family looking for a school that is committed to excellence in education will be duly impressed with our school.

ADMISSIONS PROCEDURE:

1. Inquiry

- a. Phone call or visit to the school.
- b. Inquiring family receives newsletter, brochure, and current tuition schedules.
- c. An admissions packet can be sent if desired.

2. Visit to the school (before application for admission)

- a. This is not required but recommended.
- b. After the visit, an admissions packet is given.

3. Application Forms / Entrance Exam

- a. The application forms should be sent to the office including the recommendation form filled out by former principal or guidance counselor.
- b. The application fee of \$50 (per child in grades 1-12 only) must accompany the application forms.
- c. Students applying for first grade through High School must schedule an entrance exam to be graded and reviewed prior to acceptance.

4. Meeting with the Headmaster

- a. School policies and parent/student handbook are discussed.
- b. Family work credit and expectations are discussed.
- c. Student entrance exam results are discussed.

5. Student is accepted, placed on the waiting list, or denied acceptance by the Headmaster.

6. Registration Forms (for students who have been accepted)

- a. Family fills out registration forms and returns them to the office.
- b. The registration fee of \$75 (per child) must accompany the registration forms.
- c. Parent/Student Handbooks, Uniform Order Forms, and Yearly Calendars are sent to families.

Part I: Application for Admission

(Please type or print clearly)

Applicant Information:

Date: _____

Applying for grade _____ beginning _____
(Pre-K-12) (Month, Day, Year)

Applicant's Name: _____
(Last) (First) (Middle)

Home Address:

(Street) (City) (State) (Zip)

Date of Birth: _____ Age: _____ Place of Birth: _____

Country of Citizenship: _____ Ethnic Background: _____

Religious Preference: _____ Parish or Church: _____

Date of Baptism: _____ Date of Confirmation: _____ Date of First Communion: _____

How did you learn about Mount Royal Academy?

Family Information:

Are both parents living? _____ Are parents divorced? _____ Separated? _____ Remarried? _____

Does applicant live with both parents? _____ Mother _____ Father _____ Other _____

Is he/she adopted? _____ Do other adults live at home? _____ Names and role: _____

Father's Name: _____ Home Phone: _____

Home Address (if different from above): _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Work Address: _____

Work Phone: _____ Position or Title: _____

Email Address: _____

(Please type or print clearly)

Family Information (continued)

Mother's Name: _____ Maiden Name: _____

Home Phone (if different from above): _____

Home Address (if different from above): _____

Email Address: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Work Address: _____ Position or Title: _____

<u>Name of Siblings</u>	<u>Ages</u>	<u>School Currently Attending</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

School History

List names of other schools attended. (An official transcript and two completed recommendation forms from the child's guidance counselor, principal, or teachers will be required before application can be considered.)

<u>School</u>	<u>Location</u>	<u>Attendance Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has applicant ever skipped a grade? _____ If so, what grade? _____

Has applicant ever repeated a grade? _____ If so, what grade? _____

Does the applicant have any physical or learning disabilities? _____ If so, please explain. _____

Has he/she had any academic problems? _____ If so, in what areas? _____

If you are transferring, why do you wish to transfer? _____

(Please type or print clearly)

Medical Information:

A medical examination and health form signed by the doctor are required before enrollment.)

Does applicant suffer from any specific health conditions of which we should be aware? _____

If so, what are they? _____

Does he/she require special attention? _____ If so, what kind of attention? _____

Is applicant currently taking any medication? _____ If so, what medication? _____

Has the applicant any allergies? _____ If so, what type of allergies? _____

Has applicant ever had an operation? _____ If so, what kind and at what age? _____

Has he/she ever been seriously injured? _____ If so, how and at what age? _____

Has applicant stayed at home from school repeatedly or for long periods of time? _____ Please explain. _____

Has applicant ever received any special attention or evaluation from a psychologist, therapist, or counselor? _____
If so, please describe the situation briefly including dates and names of consultants. _____

Parent Questionnaire

We would like to get to know you and your child better and we appreciate you taking the time to answer the following questions.

What would you say are your child's main assets, qualities, strengths, and/or talents (academically, socially, physically, and/or morally)?

Taking into consideration our philosophy of educating the whole person through teaching the intellect and forming the character, what do you expect from a Mount Royal Academy education?

(Please type or print clearly)

What kind of activities do you enjoy doing together as a family?

What kind of discipline/reward system do you practice at home?

Student Questionnaire

(Please answer the following questions if entering the third grade or above. This is optional for younger grades.)

What hobbies, sports, and activities do you most enjoy outside of school?

What is your favorite subject and why?

Please describe an event that has had a special meaning or significance in your life.

(Please type or print clearly)

I hereby certify that all information on this application, and all information requested by Mount Royal Academy for which I am responsible, is complete and accurate, and I understand that falsification or omission of information may result in disqualification or dismissal.

Furthermore, I understand that all information submitted to Mount Royal Academy is confidential and shall not be disclosed to anyone including my family without my written consent, and that the headmaster may disclose, for official purposes, any information according to his/her discretion, including—but not limited to—previous schools the applicant has attended.

Parent's or guardian's signature: _____ Date: _____

NON-DISCRIMINATORY POLICY

Mount Royal Academy admits students of any race, color, national or ethnic origin to all 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 or ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

Checklist (Requirements for Admission)

(We must receive the following items to consider your application.)

- _____ Completed Application Form
- _____ Application and Testing Fee: \$50 (grades 1-12 only)
- _____ Complete transcripts from previous schools.
- _____ Two recommendation forms completed by previous teachers, principal, and/or counselor.



(Please give to the administration of previously attended school)

Mount Royal Academy

Request for Transfer of Educational Records

Date: _____

Student Name: _____

Birth Date: _____

School or Agency:

To facilitate educational planning and instruction, please forward as promptly as possible all educational records including the following:

- A complete transcript of credits, grades, and attendance
- Health and immunization records
- Results of individual or group testing
- Special education records: individualized evaluations, psychological records, and other records pertaining to evaluation and placement
- Counseling, therapy, or other pertinent records
- Other evaluation records

If the student withdrew before the end of the semester, please include grades earned to the date of withdrawal. A statement of your grading system would be appreciated.

Please send records to:

Mount Royal Academy
26 Seven Hearths Lane
Sunapee, N.H. 03782

Attention: Administrator

Parent/Guardian Signature

Phone

(Please give to a teacher, principal, or guidance counselor of previously attended school. This form must be filled out and returned to MRA before application can be considered.)

Recommendation Form

Name of Applicant: _____

The student whose name appears above is a candidate for admission to Mount Royal Academy. We recognize that teachers and counselors play an important role in the educational life of individual students. As the directors of the applicant's school, we thank you for your cooperation and candid comments. Please describe the aforementioned student with regards to the following:

1. Study habits: (industry, perseverance, initiative, promptness, ability to organize)

2. Academic achievement in relation to student's ability:

3. Personality and character: (leadership, sense of humor, integrity, responsibility, respect for others, emotional stability)

4. Are there any aspects of the student of which we should be aware?

5. Comments:

6. Student's Conduct: _____ (excellent, good, acceptable, poor, unacceptable)

Name: _____ Signature: _____

Relationship to student: _____

School: _____

Address: _____

Telephone: _____

(Please give to a teacher, principal, or guidance counselor of previously attended school. This form must be filled out and returned to MRA before application can be considered.)

Recommendation Form

Name of Applicant: _____

The student whose name appears above is a candidate for admission to Mount Royal Academy. We recognize that teachers and counselors play an important role in the educational life of individual students. As the directors of the applicant's school, we thank you for your cooperation and candid comments. Please describe the aforementioned student with regards to the following:

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4. Are there any aspects of the student of which we should be aware?

5. Comments:

6. Student's Conduct: _____ (excellent, good, acceptable, poor, unacceptable)

Name: _____ Signature: _____

Relationship to student: _____

School: _____

Address: _____

Telephone: _____

Part II: Registration

STUDENT RE-REGISTRATION

Please return the following to the school as soon as possible.

- _____ 1. Signed Registration Form
- _____ 2. Copy of Birth Certificate (if applicable)
- _____ 3. Copies of Sacramental Records (if applicable)
 - a. Baptismal Certificate
 - b. First Holy Communion Certificate
 - c. Confirmation Certificate
- _____ 4. Updated Health Forms and Immunization Records (from doctor)
- _____ 5. Financial Agreement Form
- _____ 6. Parental Authorization Form
- _____ 7. Student Emergency Card

Please Note:

- The **Student Emergency Forms** will be used to create emergency cards for each student at Mount Royal Academy. Please insure that the information on this form is as complete as possible.
- The **Parental Authorization Form** is a general form of authorization for the children to participate in athletic activities, field trips, and for emergency medical treatment. Information on specific field trips will be handed out to the parents of students during the course of the year.
- There are two **Financial Agreement Forms**. Please keep one for your own personal records, and send the other back to the Academy.
- The **Health Form and Immunization Record** must be filled out by the child's physician.



REGISTRATION FORM

Name of Family _____

Address _____

Home Phone _____ Work Phone _____

Email Address _____ Cell Phone _____

NAME AND AGE OF CHILD TO BE REGISTERED

NAME	GRADE	AGE AND DATE OF BIRTH
_____	_____	_____

Signature of Parent or Guardian: _____

Date: _____

(Personal Copy—to be kept by parent/guardian of MRA student)



**FINANCIAL AGREEMENT AND COMMITMENT FOR REGISTRATION FOR THE
_____ SCHOOL YEAR AT MOUNT ROYAL ACADEMY**

(PLEASE SIGN BOTH COPIES. RETURN ONE COPY TO THE SCHOOL.)

Parents/Guardians: _____

Address _____

Home Phone _____

Father's Work Phone _____

Mother's Work Phone _____

Name and grade of student to be enrolled at Mount Royal Academy:

Name: _____

Grade in Fall: _____

Tuition Amount: _____

CHECK ONE OF THE FOLLOWING:

1. I will pay the entire year's tuition in August.
2. I will pay one-half of the tuition in August and the other half in January.
3. I will make monthly payments over a ten-month period through FACTS Tuition Company (August through May).

Signed _____
(parent or guardian)

Date _____

Signed _____
(school administrator)

Date _____

(School Copy—to be returned to MRA with registration forms)



**FINANCIAL AGREEMENT AND COMMITMENT FOR REGISTRATION FOR THE
_____ SCHOOL YEAR AT MOUNT ROYAL ACADEMY**

(PLEASE SIGN BOTH COPIES. RETURN THIS COPY TO THE SCHOOL.)

Parents/Guardians: _____

Address _____

Home Phone _____

Father's Work Phone _____

Mother's Work Phone _____

Cell Phone (F) _____ Cell Phone (M) _____

Email Address: _____

Name and grade of student to be enrolled at Mount Royal Academy:

Name: _____

Grade in Fall: _____

Tuition Amount: _____

CHECK ONE OF THE FOLLOWING:

1. _____ I will pay the entire year's tuition in August.
2. _____ I will pay one-half of the tuition in August and the other half in January.
3. _____ I will make monthly payments over a ten-month period through FACTS Tuition Company (August through May).

Signed _____
(parent or guardian)

Date _____

Signed _____
(school administrator)

Date _____



Parental Authorization Form

Student Name: _____ Grade: _____

_____, OF _____
(parent/guardian) (street address)

(city) (state/zip)

A. **AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT:** In the event I cannot be contacted to give my consent, I hereby authorize Mount Royal Academy, its officers, agents and employees to consent for me to:

1. The administration of any treatment deemed advisable by a licensed physician or dentist.
2. The transfer of the minor to any hospital or clinic reasonably accessible.

IF PRACTICABLE UNDER THE CIRCUMSTANCES, I AUTHORIZE MOUNT ROYAL ACADEMY TO CONTACT MY CHILD'S PHYSICIAN.

PHYSICIAN NAME: _____

ADDRESS: _____

PHONE: _____

I understand that this authorization is given to provide authority and power on the part of Mount Royal Academy, its officers, agents, and employees to give specific consent to any examination, diagnosis, treatment, or hospital care which, in the judgment of a licensed physician or dentist, is deemed advisable.

B. **AUTHORIZATION TO PARTICIPATE IN ATHLETICS AND OTHER ACTIVITES:**

I hereby give my consent for the above-named student to participate in the athletic programs and other programs of Mount Royal Academy.

C. **AUTHORIZATION TO PARTICIPATE ON FIELD TRIPS:** I hereby give my consent for the above-named student to attend and participate in field trips associated with Mount Royal Academy.

Other medications which may be required by the student and supplied by the parent, can be administered at school only by following the procedure mandated by the School Board:

- A. Physician's order.
- B. Proper release form signed and dated.
- C. Medication in the original, properly labeled container.
- D. Only quantity needed for school hours.
- E. Medication ordered (3) times a day should be given before school, after school, and at bedtime.
- F. Medication ordered (4) times a day will be administered once during school hours.
- G. New release forms should be signed with each new medication.

I understand that Mount Royal Academy does not assume any responsibility in case any accident or injury occurs. In consideration of the above-named student being permitted to make such trips, take part in such activities, and receive the agreed-to medical treatment and/or medication, I hereby agree to waive all claims, release, indemnify, defend and hold harmless Mount Royal Academy, its Trustees, Directors, Headmaster, Heads of Schools, Faculty, school nurse (s), agents, employees and invitees, together with all persons, including parents of students of Mount Royal Academy assisting with any phase of such trips and activities (excluding paid certified carriers not affiliated with Mount Royal Academy), from any and all claims, suits, losses, damages, causes of action or other liabilities, including all expenses of litigation and/or settlement which may arise in connection with such trips and activities. I hereby also agree to waive all claims, release, indemnify, defend and hold harmless all of said parties from any and all liability by reason of any accident or injury suffered by the above-named student while on such trips or participating in such activities. I hereby further expressly agree that such indemnity will apply whether the claims, suits, losses, damages, causes of action or other liabilities arise in whole or in part from any form of negligence of said parties.

(Parent/guardian signature)

(Relation to student)

(Date)

Child Health Form

To Be Completed by Child's Physician

_____ / / _____
 Last Name First Name M.I. DOB: Mo. Day Year Sex

Child's Address

We/I _____ give permission to obtain or release necessary information on the above child.

Please Return to: Mount Royal Academy, 26 Seven Hearths Lane, Sunapee, N.H., 03782

HISTORY: To Be completed by Physician (This information will be held confidential and will be used only for the benefit of this child).

- A. Prenatal, perinatal and postnatal development: Any significant findings that could influence this child's adaptation to a child care setting (i.e., physical handicap, sensory loss, developmental irregularities)? _____
- B. **Any chronic illness that may require medication, particularly observations or precautions in a child care setting (e.g., recurrent ear infections, seizure disorder, allergies)?** _____
- C. Any hospitalizations, operations, or special tests of which a child care provider should be aware? _____
- D. Pertinent family, social or health characteristics?

Immunizations for child care agency attendance
 You may substitute a copy of your own immunization record

Vaccine	Date	Date	Date	Date	Date	Date
DTP/DTaP						
Hib						
DTP-Hib						
Td						
OPV or IPV						
MMR						
Hep-B						
Varicella						
Other						

Communicable Disease History

Recommended Screening & Testing of Attendees

Disease	Date of	Laboratory Con-	Physician	Date	Method	Result:
Chickenpox		Not Applicable		TB (For high risk children only)		
Other				Vision		
				Hearing		
				Speech		
				HIB/HCT	Not Applicable	
				Urine	Not Applicable	
				Lead	Not Applicable	

(over)

Health Assessment

Physical Exam:

Height _____ Percentile _____ Weight _____ Percentile _____
 Head Circumference _____ Percentile _____ Blood Pressure _____ Percentile _____

Check (x) each Line	Normal	Abnormal	Needs follow-up	Not Examined	Check (x) each line	Normal	Abnormal	Needs follow-up	Not Examined
Skin/Scalp					Nose, Throat, Mouth				
Nutrition					Teeth & Gums				
Neurology & Muscular					Glands incl. Thyroid				
Orthopedic & spine					Chest, Breasts				
Eyes					Heart, Lungs				
Ears					Abdomen				
Speech					Genitalia				

Temperament: Easy-going Average Difficult

Comments:

Assessment of Physical Development:

A. Estimate of level of maturation:

- a. Infancy (0-2 years) Early: _____ Mid: _____ Late: _____
- b. Mid-Preschool (2-4 years) Early: _____ Mid: _____ Late: _____
- c. Preschool (4 years) Early: _____ Mid: _____ Late: _____
- d. School-age (6-10 years) Early: _____ Mid: _____ Late: _____
- e. Adolescent (11-18 years) Early: _____ Mid: _____ Late: _____

B. Estimate of functional capacity:

	Delayed for Develop. Phase	Consistent with Develop. Phase	Advanced for Develop. Phase	Comments
Gross Motor:				
Fine Motor:				
Language Skills				
Social Skills				
Emotional				

C. Impression of child's present state of health:

D. Recommendations regarding:

- a. Medical needs:
- b. Developmental needs:
- c. Family support:

Physician's Signature: _____ **Date of Exam:** _____
Date of Next Scheduled Exam: _____