



VILLA VICTORIA ACADEMY

376 West Upper Ferry Road • Ewing, NJ 08628 • 609-882-1700 • www.villavictoria.org

Applicant Information (please print)

First Name _____ Middle _____ Last _____

Current Grade _____ Applying Grade _____ Applying for: Fall (September) Spring (January) 20 _____

Street Address _____

City, State, Zip _____

Date of Birth ____/____/____ Place of Birth _____ Country of Citizenship _____

Home Phone Number _____ Email _____

Religious Affiliation _____ Parish/Congregation _____ City/State _____

Ethnicity *(for statistical reporting purposes only)* African American/Black Asian Caucasian/White Hispanic Pacific Islander
 American Indian/Alaska Native Biracial/Multiracial Other _____

Parent/Guardian Information

Parent / Guardian 1 _____

Relationship to student _____

Preferred E-mail address _____

Address _____

City, State, Zip _____

Home phone _____

Cell phone _____

Highest level of education completed high school some college
 associate's degree bachelor's degree graduate degree or higher

Occupation and title _____

Employer / Business Name _____

Work Address _____

Work Phone _____

Work Email _____

Married Divorced Separated Widowed Never Married

Applicant resides with *(check all that apply)* Both Parents Mother Father Step-Parent Grandparent(s) Other _____

If the applicant resides with a step-parent, please provide his/her name and relationship to student _____

Applicant's Legal Guardian(s) Both Parents Other Legal Guardian (please specify) _____

If parents are separated or divorced, please describe custody arrangements: _____

Parent / Guardian 2 _____

Relationship to student _____

Preferred E-mail address _____

Address _____

City, State, Zip _____

Home phone _____

Cell phone _____

Highest level of education completed high school some college
 associate's degree bachelor's degree graduate degree or higher

Occupation and title _____

Employer / Business Name _____

Work Address _____

Work Phone _____

Work Email _____

Married Divorced Separated Widowed Never Married

Siblings

Name M/F Date of Birth Grade School

Name M/F Date of Birth Grade School

Name M/F Date of Birth Grade School

Name M/F Date of Birth Grade School

Schools

Current or most recent school _____ Address _____

Dates of Attendance _____ Principal /Guidance Counselor _____ Phone _____

Prior School 1 _____ City, State _____ Dates of Attendance _____

Reason for Leaving _____

Prior School 2 _____ City, State _____ Dates of Attendance _____

Reason for Leaving _____

Has applicant ever been put on probation/suspended/dismissed from another school for disciplinary and/or academic reasons? Yes No

If yes, please explain: _____

Has applicant ever had an educational/psychological evaluation? Yes No Purpose of Testing _____

Conducted by _____ Date of Evaluation _____

Has the applicant had an IEP (Individualized Educational Plan)? Yes No If yes, please describe the nature of the specialized instruction:

Has the applicant had a 504 Plan and/or received classroom learning accommodations? Yes No If yes, please describe _____

Has applicant been diagnosed with speech or language disorder? Yes No Type _____

If yes, has applicant received therapy for this disorder? Yes No Date received _____

Has the applicant been diagnosed with any of the following? ADD ADHD Dyslexia Behavioral Disorder

If yes, please describe remediation (attach additional sheets if necessary) _____

Parent Survey (attach additional sheets if necessary)

Please describe your daughter's learning style and areas of academic interest. _____

What do you hope your daughter will gain from an education at Villa Victoria Academy? _____

As a Roman Catholic school, Villa Victoria Academy welcomes students of all faiths. Why are you interested in a faith-centered education for your daughter? _____

How did you first learn about Villa Victoria Academy? _____

Are you or any of your family members part of the Villa Victoria Academy legacy? If so, please share each person's full name (include maiden names), graduation year, years of attendance, and relationship to you: _____

Financial Aid

Limited need-based financial aid is available for students in grades K-12, and aid is awarded on a first-come, first-served basis. A financial aid application must be submitted through **School and Student Services** (www.sss.nais.org) for consideration. Families who qualify for financial assistance will be notified of their award in the spring prior to fall enrollment.

Do you plan to apply for financial aid? Yes No Person(s) responsible for financial obligation _____

My signature below indicates that all of the information contained in this application is true and complete to the best of my knowledge.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Applicant Signature _____

Date _____

Return this form along with the \$50 non-refundable application fee to Villa Victoria Academy Admissions. Please make checks payable to Villa Victoria Academy.