

**SERVIAM GIRLS ACADEMY**

P.O. Box 7907  
Wilmington, DE 19803

Telephone: (302) 438-0004

**2008-2009 APPLICATION FOR ADMISSION**

Serviam Girls Academy is a full scholarship school seeking to enroll income-eligible students from the Wilmington, Delaware area. Family income is therefore, one of many factors considered in our admission decision.

**Attach Recent Student Picture Here**

**Please type or print all information clearly. Incomplete applications will not be accepted.**

**Student Information**

Student's Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_  
(First) (Middle) (Last)

Street Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Lives With: (name & relationship) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

School District You Reside In: \_\_\_\_\_

**Student's Ethnic Background:**

Asian \_\_\_\_\_ Black (Non-Hispanic) \_\_\_\_\_ Hispanic \_\_\_\_\_  
Native American \_\_\_\_\_ White (Non-Hispanic) \_\_\_\_\_ Other: \_\_\_\_\_

Primary Language(s) Spoken at Home: \_\_\_\_\_

**Religious Affiliation:** \_\_\_\_\_

Place of Worship (if applicable): \_\_\_\_\_

**Student Information - continued**

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**Please note: You must submit copies of your Federal Income Tax Return for 2007 (Form 1040 or equivalent) and W-2 forms with this application. If you do not file a tax return, you must submit an official letter or form from a federal or state agency stating the source and amount of your income/aid. Special circumstances may be explained on a separate sheet of paper.**

Annual Family Income: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Does the student qualify for the National School Lunch Program (for free or reduced school lunch)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Does the student have access to a computer at home? Yes \_\_\_\_\_ No \_\_\_\_\_

List current or recent extracurricular activities (sports, club, music/art/dance, church, community, etc.):

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List any other hobbies or recreational interests:

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Has your child experienced any serious illness, disability, physical or emotional limitations, depression or other mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain

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Does your child take medication on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain

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**Family Information**

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(Please provide the following information for “**Legal Guardian**”, if other than mother or father)

**MOTHER**

**FATHER**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Parents:**

Reside Together \_\_\_\_\_ Divorced/Separated \_\_\_\_\_ Single-Parent Household \_\_\_\_\_

Father Remarried \_\_\_\_\_ Mother Remarried \_\_\_\_\_ Father Deceased \_\_\_\_\_ Mother Deceased \_\_\_\_\_

**Brothers/Sisters:**

NAME	AGE	GRADE	LIVING WITH APPLICANT?
_____	_____	_____	YES ___ NO ___
_____	_____	_____	YES ___ NO ___
_____	_____	_____	YES ___ NO ___
_____	_____	_____	YES ___ NO ___

**Legal Custody of Child** (if applicable)

**Legal Guardianship of Child** (if applicable)

Custodial Parent \_\_\_\_\_ Guardian \_\_\_\_\_

Documentation \_\_\_\_\_ Documentation \_\_\_\_\_

**Academic Information**

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**Schools Attended:**

SCHOOL	GRADE LEVEL(S)	DATES ATTENDED
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the applicant ever been evaluated for, or received services under Chapter 1 in any grade?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, in what grades? \_\_\_\_\_

Has the applicant ever been diagnosed with a learning disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Is there any illness or disability that impacts your daughter's academic performance?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Approximately how many school absences has your child had this year? \_\_\_\_\_ (Please explain)

\_\_\_\_\_

Has she skipped or repeated any grades? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain

\_\_\_\_\_

Please describe your daughter's **academic strengths and weaknesses**:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your daughter's **personal strengths and weaknesses**:

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**Student's Statement of Purpose**

Please explain below in your own handwriting why you wish to attend Serviam Girls Academy. What makes you think you would do well here? Please feel free to use a separate sheet of paper, signature is required. (Must be in student's own handwriting --without parental assistance).

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian's Statement of Purpose**

Please explain below why you hope your daughter will be able to attend Serviam Girls Academy. (Please feel free to attach a sheet to explain any special circumstances that make this student particularly needy or deserving)

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Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We understand that Serviam Girls Academy offers an academically challenging program of studies with a rigorous code of conduct, and that the participation and support of parents or guardians (including attendance at some classes, after school study halls, field trips and other family activities, and at all parent-teacher meetings) are required for the success of the program.

I/We understand that parent(s)/guardian(s) are required to pay a \$300 yearly activity fee and to volunteer at the school for at least 9 hours per school year. A description of the volunteer requirements will be detailed during the interview process.

I/We further understand that the school will readmit each year, only those students whose record of academic progress and of personal behavior is satisfactory, and whose parent(s)/guardian(s) have demonstrated their commitment to the goals of the school.

I/We affirm that the above information is true. Omissions or false statements made will result in this application being voided.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Policy of Non-Discrimination**

**Serviam Girls Academy does not discriminate on the basis of race, color, nationality, creed or ethnic origin in its administration of admissions policies or programs.**

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Please return this application form directly to the school at the following address:

Serviam Girls Academy  
P.O. Box 7907  
Wilmington, DE 19803

If you have any questions regarding Serviam Girls Academy or its application process, please contact us at (302) 438-0004.