



February 2010

Dear Parent/Guardian:

Thank you for your interest in Serviam Girls Academy (SGA). We are pleased to send you the enclosed application packet for the 2010-2011 school year. In a safe, caring, faith-based environment, SGA will encourage and challenge students to excel academically and to grow personally through a rigorous curriculum that will prepare graduates to attend Delaware's finest college preparatory high schools.

Serviam Girls Academy opened in September 2008. Today, we have approximately thirty-five students in our academy. We are now accepting applications for the fifth grade class and have limited openings for sixth grade for the 2010-2011 school year. If you have any questions regarding the application process, please contact the school office at 302-651-9700.

We look forward to hearing from you.

Sincerely,

Stacy Solomon

Dean of Academics



February 2010

Dear Parent/Guardian:

Thank you for your interest in Serviam Girls Academy, a private, Catholic, full scholarship day school for girls in grades 5 through 8. Please read these Admission Application Instructions and follow the directions. We recommend that you complete and return all the required forms as soon as possible.

1. Please complete the **APPLICATION FOR ADMISSION** and return it as soon as possible to Serviam Girls Academy in the return envelope provided. **Applications will be reviewed and processed through the Admission Committee upon receipt at regular intervals prior to the April 23, 2010 deadline.**
2. Since Serviam Girls Academy is a full scholarship school, your application must include copies of your most recent **Federal Income Tax Return** (Form 1040 or equivalent) and **2009 W-2 forms**. If you do not file tax returns, you must submit an **authorized letter or form from a state or federal agency** stating your sources and amounts of income aid. We will not admit students to the school without current family income information.
3. Please fill out and sign the **INFORMATION RELEASE FORM**. Return this form to Serviam Girls Academy in the envelope provided. You may also fax this form.
4. Please give the Teacher **RECOMMENDATION FORM** with a **stamped** return envelope to one of your daughter's teachers, and the other **RECOMMENDATION FORM** with a **stamped** return envelope to her guidance counselor or a staff member, and ask that the completed forms be returned **directly** to Serviam Girls Academy in the envelopes provided. The teacher should know your daughter well and be able to evaluate her character and abilities.
5. Once all application materials have been completed and returned, a Serviam administrator will contact you for your daughter to complete placement testing. **Your child must complete this testing as part of the application process.**

Applicants who meet the admissions criteria will be granted an interview. Some parents or guardians may be asked to grant permission for a Serviam administrator to visit the applicant's school.

If you have any questions regarding the school or the application process, please call us at (302) 651-9700.

Stacy Solomon
Dean of Academics

Application Process Checklist

_____ Written application completed by parent/guardian and child, and signed by parent/guardian

_____ Federal Income Tax Return (Form 1040 or equivalent) and 2009 W-2 Forms included with the application (if tax forms not filed, must provide an authorized letter or form from a state or federal agency stating your sources and amounts of income aid)

_____ Completed Information Release Form returned to Serviam Girls Academy.

_____ Teacher Recommendation Form with a **stamped** return envelope delivered to one of your daughter's teachers (you will need to provide the stamp for the enclosed return envelope)

_____ Guidance Counselor Recommendation Form with a **stamped** return envelope delivered to your daughter's guidance counselor (you will need to provide the stamp for the enclosed return envelope)

_____ Written application and tax forms sent to:

Serviam Girls Academy
14 Halcyon Drive
New Castle, DE 19720



APPLICATION FOR ADMISSION 2010-2011

**Attach
Student Picture
Here**

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

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

Student Information

Student's Name: _____ Applying for Grade _____
(first) (middle) (last)

Street Address: _____

City and State: _____ Zip Code: _____

Home Phone: ____ (____) _____ Social Security Number: _____

Student Lives With: (name & relationship) _____

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

School Presently Attending: _____ Present 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

Please note: You must submit copies of your Federal Income Tax Return for 2009 (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.):

List any other hobbies or recreational interests:

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

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

Family Information

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

FATHER

MOTHER

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 and Sisters:

<u>NAMES</u>	<u>AGE</u>	<u>GRADE</u>	<u>AT HOME?</u>
_____	_____	_____	___ YES ___ NO
_____	_____	_____	___ YES ___ NO
_____	_____	_____	___ YES ___ NO
_____	_____	_____	___ YES ___ NO

Legal Custody of Child (if applicable)

Custodian Parent _____

Documentation _____

Date Provided _____

Legal Guardianship of Child (if applicable)

Guardian _____

Documentation _____

Date Provided _____

Serviam Girls Academy is a tuition-free school seeking to enroll primarily low-income students from the New Castle County area. Family income is therefore one of many factors considered in our admission decision.

Annual Family Income: _____

Number of Dependents: _____

Please note: You must submit copies of your Federal Income Tax Return for 2009 (Form 1040 or equivalent) and W-2 forms with this application. If you do not file a tax return, you must submit instead an authorized letter or form from a federal or state agency stating the source and amount of your income aid.

Academic Information

Schools Attended:

<u>SCHOOL</u>	<u>GRADE LEVEL(S)</u>	<u>DATES ATTENDED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

_____ Yes _____ No If so, in what grades? _____

Has the applicant ever been diagnosed with a learning disability? _____ Yes _____ No If so, please explain:

Approximately how many school absences has your child had this year? _____

If there were more than five (5) absences, please explain:

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

Please describe your daughter's personal strengths and weaknesses:

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).

Student's Signature: _____

Date: _____

Parent's Statement of Purpose and Questions

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)

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 minimal yearly fee and to support the school program through volunteer support activities . 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 making false statements will result in this application being voided.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Policy of Non-Discrimination

Serviam Girls Academy admits students of any race, color, nationality and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

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

**Serviam Girls Academy
14 Halcyon, Drive
New Castle, DE 19720**

If you have any questions regarding the school or the application process, please contact Serviam Girls Academy by calling 302-651-9700 and speaking with Dottie or Anita, or emailing info@serviamgirlsacademy.org

SERVIAM GIRLS ACADEMY

14 Haleyon Drive,
New Castle, DE 19720

Tel.: (302) 651-9700
Fax: (302) 651-9703

INFORMATION RELEASE FORM

Instructions to Parent or Guardian:

1. Please fill in your daughter's name and information on her current school in the spaces below.
2. Sign and date this form.
3. Fax, or deliver this form to the Serviam Girls Academy in one of the enclosed return envelopes.

I hereby authorize _____ (current school)
 to release a copy of the academic record of _____ (daughter's name)
 to Serviam Girls Academy.

Current school name, address: _____

Contact: _____ tele # _____ Fax # _____

Parent or Guardian's Signature: _____ Date: _____

Instructions to School:

The student named above is applying for admission to Serviam Girls Academy, a private, full-scholarship day school for girls in Grades 5 through 8.

We request that copies of the following be forwarded directly to the Admission Committee at Serviam Girls Academy:

- 1) her most recent report card
- 2) her report card for the previous completed school year
- 3) her current IEP (if applicable)

Your prompt response to our request will be appreciated.

Serviam Girls Academy14 Halcyon Drive
New Castle, DE 19720Tel.: (302) 651-9700
Fax: (302) 651-9703**GUIDANCE COUNSELOR RECOMMENDATION FORM**

The student named below is applying for admission to Serviam Girls Academy. We would appreciate your frank appraisal of this applicant's personal qualities and academic abilities, as your comments will be an important element in our consideration of this candidate for admission. Please return the completed form as soon as possible directly to Serviam Girls Academy together with any additional written comments you may wish to include. An envelope is provided for your convenience.

Serviam Girls Academy is a full scholarship, academically challenging and highly disciplined day school designed to prepare girls in Grades 5 through 8 for admission to a high school. Students carry a full academic schedule and remain at school until 5:15 PM.

To be filled in by the Applicant:

Student's Name: _____ School: _____

To be filled in by a Guidance Counselor:

How long have you known this student? _____

In what capacity? _____

Please rate the student on the criteria listed below by circling the appropriate number. If you have no basis for evaluating a student in a particular category, please circle "N/B".

	No Basis	Poor	Fair	Average	Good	Excellent
Ability	N/B	1	2	3	4	5
Achievement	N/B	1	2	3	4	5
Curiosity	N/B	1	2	3	4	5
Maturity	N/B	1	2	3	4	5
Motivation	N/B	1	2	3	4	5
Responsibility	N/B	1	2	3	4	5
Conduct	N/B	1	2	3	4	5
Ability to Relate To Adults	N/B	1	2	3	4	5
Ability to Relate To Peers	N/B	1	2	3	4	5

Comments: _____

Guidance Counselor's Name: _____
 (please print)

Position: _____

Signature: _____

Date: _____

Phone Number, or Email: _____

Serviam Girls Academy

14 Halcyon Drive
New Castle, DE 19720

Tel.: (302) 651-9700
Fax: (302) 651-9703

TEACHER RECOMMENDATION FORM

The student named below is applying for admission to Serviam Girls Academy. We would appreciate your frank appraisal of this applicant's personal qualities and academic abilities, as your comments will be an important element in our consideration of this candidate for admission. Please return the completed form as soon as possible directly to Serviam Girls Academy together with any additional written comments you may wish to include. An envelope is provided for your convenience.

Serviam Girls Academy is a full scholarship, academically challenging and highly disciplined day school designed to prepare girls in Grades 5 through 8 for admission to high school. Students carry a full academic schedule and remain at school until 5:15 PM.

To be filled in by the Applicant:

Student's Name: _____ School: _____

To be filled in by a Teacher:

How long have you known this student? _____

In what capacity? _____

Please rate the student on the criteria listed below by circling the appropriate number. If you have no basis for evaluating a student in a particular category, please circle "N/B".

	No Basis	Poor	Fair	Average	Good	Excellent
Ability	N/B	1	2	3	4	5
Achievement	N/B	1	2	3	4	5
Curiosity	N/B	1	2	3	4	5
Maturity	N/B	1	2	3	4	5
Motivation	N/B	1	2	3	4	5
Responsibility	N/B	1	2	3	4	5
Conduct	N/B	1	2	3	4	5
Ability to Relate To Adults	N/B	1	2	3	4	5
Ability to Relate To Peers	N/B	1	2	3	4	5

Comments: _____

Teacher's Name: _____ Position: _____
(please print)

Signature: _____ Date: _____

Phone Number or Email: _____