

Application for Admission

161 Sky Meadow Drive
 Stamford, CT 06903
 Phone 203-322-5886 ext. 104
 Fax 203-322-0228

admissions@villamariaschool.org
 www.villamariaschool.org



Please attach a recent photograph of the applicant.

Applicant Name				
Last	First	Middle	Preferred Name	
Present Grade	Present Age	Applying for Grade	Gender	
Place of birth		Date of Birth		
Home address				
Street		City	State/Country	Zip
Is applicant adopted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		
Primary language spoken at home (if not English)				

Student's Disability	State ID# (can be found on child's education plan)
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Father			Mother		
Name (Dr./Mr.)			Name (Dr./Mrs./Ms.)		
Address (if different from applicant)			Address (if different from applicant)		
City	State/Country	Zip	City	State/Country	Zip
Occupation/Title			Occupation/Title		
Company			Company		
Nature of Business			Nature of Business		
Business Address			Business Address		
City	State/Country	Zip	City	State/Country	Zip

Phone Numbers/Email Address		
Home#	Mother Cell#	Mother Work#
	Father Cell#	Father Work#

Home Email					
Applicant lives with	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Guardian	
Parents are	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Never Married
If separated or divorced	<input type="checkbox"/> Mother is remarried	Name of Step-Parent:			
If separated or divorced	<input type="checkbox"/> Father is remarried	Name of Step-Parent:			

If parents are either divorced or separated, should the non-custodial parent receive copies of all information sent home? Yes No

Name and address of person responsible for bills (if different from parent(s) at home address)

Guardian Information

Name and address of legal guardian(s): _____ Relationship _____

	Daytime	Evening
Phone		
Fax		
Email		
Cell Phone		

School History

Is the applicant a sibling of a VM student or the child of alumni? Yes No If yes, who? _____

Please list all schools the applicant has attended including pre-k and kindergarten.

School	City, State	Grades	Years

Has your child repeated a grade? Yes No If yes, why?

What are the applicant's academic strengths?

What are the applicant's academic weaknesses?

Describe any discipline or behavioral problems the applicant has had in school.

Please list tutoring, occupational, physical therapy and/or speech and language services the applicant currently participates in:

Service	Provider name	Phone number with area code

Will the applicant continue to receive the services during the school year? Yes No Please explain. _____

What is your primary reason for applying to Villa Maria?

How do you expect Villa Maria to help your child?

Family Information

Please provide us a little information about other children in the family. Are any of your children adopted, foster, or from a previous marriage? Yes No If yes, please explain.

Sibling's Name	School	City, State	Age	Gender

Developmental / Medical History

Were there any pregnancy or birth problems? Yes No If yes, please describe.

Type of delivery

Previous miscarriages?

Full term

Baby's health

Birth weight

Please explain any problems during Infancy (colic, etc.)

Please list any operations, accidents, high fevers, seizures, or diseases and approximate dates of occurrence.

Please describe any current or past problems such as unusual feeding habits or difficulty sleeping.

Please describe any problems with language development, motor development, social/emotional development, and/or self-help skills.

Does the applicant wear glasses or contact lenses? Yes No If yes, describe condition.

Does the applicant have a hearing loss? If yes, please describe.

Does the applicant have any medical condition(s) that we should be aware of to ensure his/her safety and well-being as well as others? (i.e., seizures, tics, allergies, food allergies, phobias, fears, illnesses, etc.). List any foods that you limit (chocolate, sugar, etc.)

Please list medications the applicant currently takes. Please list any medication to be administered at school.

Prescription	Dose/Delivery	Condition

Social and Emotional Development

What extracurricular activities or hobbies does the applicant enjoy?

Please comment on the applicant's self-esteem and self-confidence.

What psychological or psychiatric counseling, if any, has the applicant received?

Therapist	Date	Condition

Will the applicant continue to receive counseling during the school year? Yes No

How did you learn about Villa Maria School?

- | | | |
|--|--|--|
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Independent School Directory | <input type="checkbox"/> Physician/Therapist |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Educational Consultant |
| <input type="checkbox"/> Newspaper/Magazine/Radio
<i>Publication/Station:</i> | <input type="checkbox"/> Villa Maria School Parent/Student
<i>Name (optional)</i> | <input type="checkbox"/> Other _____
<i>Name of above professional (optional)</i> |
| _____ | _____ | _____ |

Have you attended any of the View Villa Days (Open Houses) or any other event at Villa Maria School?

- Open House Performing Arts event Social event Other _____

Parent/Guardian Signature _____ Date _____

Print Name _____

Parent/Guardian Signature _____ Date _____

Print Name _____

A non-refundable application fee of \$100.00 must accompany this application.

Villa Maria School admits students of any race, color, religion, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.