



ST. JOHNSBURY ACADEMY

1000 Main Street, St. Johnsbury, Vermont 05819
Telephone: (802) 748-8171, Fax: (802) 748-5463
stjacademy.org

APPLICATION FOR ADMISSION

No application is complete without full transcripts of school records and test scores. Parents are responsible for having the present or last school forward the applicant's records to: **Director of Admission, St. Johnsbury Academy, 1000 Main Street, St. Johnsbury, Vermont 05819**

ATTACH RECENT
PHOTO OF
APPLICANT HERE
(OPTIONAL)

Day Student Applicant Information (LEGAL NAME)

LAST NAME FIRST NAME M.I. GENDER

Date of Application _____ What grade do you expect to enter? _____

Date of proposed entrance to St. Johnsbury Academy _____

Date of Birth _____ Age (in years only) _____ Country of Citizenship _____

Mailing Address _____

Town of Legal Residence (where parents vote and pay taxes) _____

Home Telephone _____ E-Mail Address _____

Family Information (PARENT/GUARDIAN)

Parent/Guardian _____ Relationship to Student _____
FIRST NAME LAST NAME

Mailing Address _____

E-Mail Address _____

Employer _____ Occupation _____

Mobile Phone _____ Work Phone _____

Parent/Guardian _____ Relationship to Student _____
FIRST NAME LAST NAME

Mailing Address _____

E-Mail Address _____

Employer _____ Occupation _____

Mobile Phone _____ Work Phone _____

STUDENT LIVES WITH: (CHECK ALL THAT APPLY)

☐ Father ☐ Stepfather ☐ Mother ☐ Stepmother ☐ Other (specify) _____

CHECK IF APPROPRIATE

☐ Father Deceased ☐ Mother Deceased ☐ Parents Separated
☐ Parents Divorced ☐ Father Remarried ☐ Mother Remarried

If parents are divorced or separated, who has legal custody of the applicant? _____

Native Language of Parent _____ Native Language of Student _____

Education

Please list the name and address of school previously attended.

School Name _____ Year(s) attended 20 _____ to 20 _____

Address _____

If you withdrew before completing any school year, indicate year and reason below:

If applicant is admitted to St. Johnsbury Academy, to what name and address should correspondences and bills be sent?

Name _____

Street _____

City _____ State _____ Zip Code _____

Agreement

WE AGREE TO THE FOLLOWING CONDITIONS:

1 St. Johnsbury Academy is an independent school, one which has not accepted designation by any public entity as its public school. Upon signing this contract, the parent/guardian of the student named above acknowledges and accepts responsibility for payment of tuition to St. Johnsbury Academy.

As a convenience to parents, some communities elect to forward tuition funds directly to the school. If such direct payment is not provided, or if the public entity's payment of tuition is less than the amount of tuition charged by St. Johnsbury Academy, the parent/guardian guarantees payment of the full tuition or the unpaid portion of tuition, whichever may be the case.

2 As a student attending St. Johnsbury Academy, I am required to reside at one of the following:

- a) Campus dormitory; legal residence of a parent/guardian; St. Johnsbury Academy approved homestay; or
- b) Under the direct supervision of one of the following programs:
 - i) court emancipation, State placement; or a local agency recognized by St. Johnsbury Academy

3 Tuition charges will be payable one-half at the opening of each semester.

4 If the agreement is accepted and the student enrolled, we will conform to all regulations of St. Johnsbury Academy.

STUDENT (LEGAL NAME)

SIGNATURE OF PARENT OR GUARDIAN

St. Johnsbury Academy admits students of any sex, race, color, religion, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of sex, race, color, religion, handicap, sexual orientation, national or ethnic origin in the administration of its education policies, admission policies, scholarship programs, and athletic and other school administered programs.

Please fill out the application form, detach and send to the address below.

If you have questions or need further information, please contact:

St. Johnsbury Academy
Admissions Office
1000 Main Street
P. O. Box 906
St. Johnsbury, VT 05819-0906

Phone:
(802) 751-2130

Fax:
(802) 748-5463

E-mail:
admissions@stjacademy.org

ADMISSIONS CHECKLIST

☐ Application

Please be sure that all questions are answered. Parent (or legal guardian) and student must sign the application. If you answered 'yes' to any questions on the back of the application, please have the required reports sent to the Admissions Office.

☐ Permission to Release School Records

Parent (or legal guardian) should sign this form and give it to the student's current or most recent school so that copies of school records can be sent to St. Johnsbury Academy.

☐ Official School Report

This form should be given to the student's current or most recent school to be completed and returned to the Admissions Office of St. Johnsbury Academy. **Before a student's application can be considered, all of the above forms and reports must be received by the Admissions Office.**

