

---

**APPLICATION**  
**for**  
**ADMISSION**



**SUBIACO ACADEMY**

---



# SUBIACO ACADEMY

*"A Benedictine Education  
for the Leaders of Tomorrow"*

*Subiaco Academy, a boarding/day school, is dedicated to providing young men with the opportunity for a college preparatory education in a stable and structured environment, nourished by Christian values.*

*The Subiaco experience also provides the opportunity to create a sense of community, which is a reflection of Catholic Benedictine traditions of service to God, respect for self and others, mutual support, and the value of work.*

*405 North Subiaco Avenue  
Subiaco, Arkansas 72865-9798  
1-800-364-7824  
[www.subiacoacademy.us](http://www.subiacoacademy.us)*

Subiaco Academy admits male students of any race, color, creed, and 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 race, color, or national or ethnic origin in administration of its educational

# Subiaco Academy

## Admissions Procedure Checklist



Name \_\_\_\_\_ Date \_\_\_\_\_

*In applying for admission to Subiaco Academy, the following items are among those needed for the applicant's file. An "X" or a "✓" in the box indicates the requirement has been met.*

- 1) Application for Admission Form** - Properly completed and signed application form including activities page.
- 2) Recent photograph of applicant** – Required for application (digital photos sent by email are fine).
- 3) Application Fee** - This fee, in the amount of \$50.00, should accompany the application.
- 4) Essay** – Written by student's own hand, in black ink.
- 5) Official Transcript of Grades and**
- 6) Standardized Testing** (If available) – These records are to be provided by the applicant's current school. A request form is included with this application for that purpose.
- 7) Report Card** - In addition to the above mentioned transcript, a copy of the applicant's most recent report card is also needed.
- 8) Recommendations** - Three references are required from the applicant's school **Counselor**;
- his most recent **English teacher**; and
- his most recent **Math teacher**.  
Each is to complete one of our Recommendation Forms and return it directly to the Admission Office. (This can be done via mail, fax or email. A digital version of this form is available on our website.)
- 9) Physical Examination Form** - Our Physical Examination Form must be completed by the applicant's physician and returned to the Admission Office.
- 10) Immunization Record** – A copy of the applicant's immunization record is to be sent to the Admission Office.
- 11) Pre-enrollment Visit**, - An appointment to visit may be arranged through the Academy Admission Office. The Placement Exam and Interview can be conducted at that time.
- Placement Exam**
- Interview**  
(For International Students, the visit, exam and interview are replaced by a Skype video interview.)
- 12) TOEFL (iBT) - International students** are required to take the TOEFL (iBT) [Test of English as a Foreign Language (internet Based Test) – information can be found on the website: [www.toefl.org](http://www.toefl.org)].
- 13) International Students** – who are not U.S. citizens, who do not have a Green Card (legal residency) and who accept an invitation to enroll – must meet the requirements set by the U.S. Department of Homeland Security before we can issue the I-20 form required to obtain the necessary F-1 visa. This includes:
- Statement of Financial Support**
- Official bank statement/document** translated into English and U.S. currency.

**INSTRUCTIONS:** In order for the application to be processed, it must be completed and sent by mail, fax or email along with the \$50.00 application fee to:

Subiaco Academy  
405 North Subiaco Avenue  
Subiaco, Arkansas 72865-9798

FAX: 479-934-1033  
Email: [admissions@subi.org](mailto:admissions@subi.org)

or complete the application form online under the "Admissions" tab at: [www.subiacoacademy.us](http://www.subiacoacademy.us).



# SUBIACO ACADEMY

## Application for Admission



### FAMILY INFORMATION

#### Check if appropriate

- |  |   |
|--|---|
| <input type="checkbox"/> Parents separated | <input type="checkbox"/> Father deceased  |
| <input type="checkbox"/> Parents divorced  | <input type="checkbox"/> Mother remarried |
| <input type="checkbox"/> Mother deceased   | <input type="checkbox"/> Father remarried |

#### Applicant lives with

- |  |   |
|--|---|
| <input type="checkbox"/> Mother and Father | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Mother            | <input type="checkbox"/> Grandparent    |
| <input type="checkbox"/> Father            | <input type="checkbox"/> Stepparent     |

For each individual below, in the space marked "Relation" please indicate, Father, Mother, Stepfather, Stepmother, Grandfather, Legal Guardian, etc. In the case of separation or divorce, we can send correspondence to two (2) addresses **only**. Please indicate to whom correspondence is to be sent and who is in charge of the application.

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

- Person Applying for Student       Person to Receive Correspondence

Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip Country

Telephone (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Country Code Area Code Country Code Area Code

FAX (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_ Other \_\_\_\_\_  
Country Code Area Code

Business Name \_\_\_\_\_ Position \_\_\_\_\_

Bus. Address \_\_\_\_\_  
Street City State Zip Country

Bus. Phone (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_ Bus. FAX (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Country Code Area Code Country Code Area Code

E-mail 1 \_\_\_\_\_ E-mail 2 \_\_\_\_\_

- Person Applying for Student       Person to Receive Correspondence

Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip Country

Telephone (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Country Code Area Code Country Code Area Code

FAX (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_ Other \_\_\_\_\_  
Country Code Area Code

Business Name \_\_\_\_\_ Position \_\_\_\_\_

Bus. Address \_\_\_\_\_  
Street City State Zip Country

Bus. Phone (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_ Bus. FAX (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Country Code Area Code Country Code Area Code

E-mail 1 \_\_\_\_\_ E-mail 2 \_\_\_\_\_



# SUBIACO ACADEMY



## FAMILY INFORMATION (continued)

Applicant's brothers and sisters:

Name and Age	Current School

Relatives that attended Subiaco Academy	Relationship

### APPLICANT'S ACTIVITIES / SPECIAL INTERESTS – Check each that applies:

- |                                      |                                      |                                  |                                      |   |
|--------------------------------------|--------------------------------------|----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Technology  | <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Drama   | <input type="checkbox"/> Vocal Music | <input type="checkbox"/> Instrumental Music |
| <input type="checkbox"/> Hunting     | <input type="checkbox"/> Fishing     | <input type="checkbox"/> Boating | <input type="checkbox"/> Swimming    | <input type="checkbox"/> Hiking             |
| <input type="checkbox"/> Camping     | <input type="checkbox"/> Basketball  | <input type="checkbox"/> Soccer  | <input type="checkbox"/> Baseball    | <input type="checkbox"/> Cross Country      |
| <input type="checkbox"/> Football    | <input type="checkbox"/> Tennis      | <input type="checkbox"/> Track   | <input type="checkbox"/> Golf        | <input type="checkbox"/> Scouting           |
| <input type="checkbox"/> Other _____ |                                      |                                  |                                      |   |

Please list, in order of importance, the applicant's principal *nonacademic* activities. This list should include activities, sports, organizations, etc., both in and out of school that are most important to him.

Activity	Hours per week	Leadership positions held, instrument(s) played, honors and awards received, etc.

### ADDITIONAL INFORMATION:

Below, please briefly list any other special interests, goals or aspirations that you might have including post secondary fields of study, preferred colleges or universities and possible career direction.

---



---



---









In the box below state in what ways the applicant will be an asset to Subiaco Academy?

In the box below state how the applicant interacts with peers, teachers and persons of authority.

Please indicate whether there is information that can be better conveyed by telephone. Yes No

Please indicate to what degree you recommend the applicant.

Enthusiastically  Confidently  With Reservation  Do Not Recommend

If the recommendation is "With Reservation" or "Do Not Recommend," please explain in the box below.

Respondent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Evening # (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Cell # (\_\_\_\_)-\_\_\_\_-\_\_\_\_

E-mail 1 \_\_\_\_\_ E-mail 2 \_\_\_\_\_

School \_\_\_\_\_ Title/Relationship \_\_\_\_\_  
to Applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please forward to:  
*Admission Office*  
*Subiaco Academy*  
*405 North Subiaco Ave.*  
*Subiaco, AR 72865-9798*

Or Fax to:  
*479-934-1033*  
  
Or E-Mail to:  
*admissions@subi.org*

Toll Free Call:  
*800-364-7824*  
  
Direct Line:  
*479-934-1034*



In the box below state in what ways the applicant will be an asset to Subiaco Academy?

In the box below state how the applicant interacts with peers, teachers and persons of authority.

Please indicate whether there is information that can be better conveyed by telephone.  Yes  No

Please indicate to what degree you recommend the applicant.

Enthusiastically  Confidently  With Reservation  Do Not Recommend

If the recommendation is "With Reservation" or "Do Not Recommend," please explain in the box below.

Respondent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Evening # (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Cell # (\_\_\_\_)-\_\_\_\_-\_\_\_\_

E-mail 1 \_\_\_\_\_ E-mail 2 \_\_\_\_\_

School \_\_\_\_\_ Title/Relationship \_\_\_\_\_  
to Applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please forward to:  
Admission Office  
Subiaco Academy  
405 North Subiaco Ave.  
Subiaco, AR 72865-9798

Or Fax to:  
479-934-1033  
  
Or E-Mail to:  
admissions@subi.org

Toll Free Call:  
800-364-7824  
  
Direct Line:  
479-934-1034



In the box below state in what ways the applicant will be an asset to Subiaco Academy?

In the box below state how the applicant interacts with peers, teachers and persons of authority.

Please indicate whether there is information that can be better conveyed by telephone.  Yes  No

Please indicate to what degree you recommend the applicant.

Enthusiastically     Confidently     With Reservation     Do Not Recommend

If the recommendation is "With Reservation" or "Do Not Recommend," please explain in the box below.

Respondent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Evening # (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Cell # (\_\_\_\_)-\_\_\_\_-\_\_\_\_

E-mail \_\_\_\_\_ E-mail 2 \_\_\_\_\_

School \_\_\_\_\_ Title/Relationship \_\_\_\_\_  
to Applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please forward to:  
Admission Office  
Subiaco Academy  
405 North Subiaco Ave.  
Subiaco, AR 72865-9798

Or Fax to:  
479-934-1033  
  
Or E-Mail to:  
admissions@subi.org

Toll Free Call:  
800-364-7824  
  
Direct Line:  
479-934-1034



# SUBIACO ACADEMY

## Records Release Form

**INSTRUCTIONS TO PARENT:** Please deliver this form to the school in which your son is currently attending, or if he is not currently in school, the school that he attended last year.

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Registrar \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Please send an official record of the above named student's following items:

1. **Transcript**
2. **Standardized test scores**
3. **Most recent report card**
4. **Immunization Record (if available)**

To: **Director of Admission  
Subiaco Academy  
405 North Subiaco Avenue  
Subiaco, AR 72865-9798  
Fax: 479-934-1033**

For the following year(s) attended \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Parent/Guardian (Printed) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_



# SUBIACO ACADEMY



**NOTE:**

This form must be completed using black ink and signed by a medical doctor.

## Physical Examination Form

Student Name \_\_\_\_\_ Date of Exam \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Pulse \_\_\_\_\_

	Normal	Abnormal Findings/Comments
HEENT		
Chest		
Cardiovascular		
Abdomen		
Genitourinary		
Musculoskeletal		
Skin		
Neurological		
General Health		

- Immunizations current?  Yes  No
- Restrictions on physical activities?  Yes  No
- Can participate in P.E. / Varsity Sports?  Yes  No

**Comments:**

Recommendations/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Examiner Information

Name \_\_\_\_\_ Title \_\_\_\_\_

Hospital/Clinic \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_