APPLICATION for ADMISSION



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

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



Maille	Date
	ving for admission to Subiaco Academy, the following items are among those needed for the applicant's file. or a " \checkmark " 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
Ш	Foreign Language (internet Based Test) – information can be found on the website: 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 FAX: 479-934-1033 405 North Subiaco Avenue

Subiaco, Arkansas 72865-9798 Email: admissions@subi.org

405 North Subiaco Avenue, Subiaco, Arkansas 72865-9798 Telephone 800-364-7824 ~ Fax 479-934-1033 E-mail: admissions@subi.org ~ www.subiacoacademy.us



Application for Admission

APPLYING FOR GRADE:	□ 7	□ 8	□ 9		10	□ 11	
RESIDENT STATUS:	☐ Day	☐ 5 Day Boarding		☐ Boardin	g 🗆	International	
	AF	PLICANT IN	IFORMATIO	N			
Name of Applicant		First	Middle	Prefe	erred Name		_
Home Address			Box/ Ant				_
		000001.0.	DON Apt.				
City			ip	Cour	•		_
Telephone () (Area Co	ode)		E-mail				_
Date of Birth	Ag	e	Social Securi	ty Number			_
Country of Birth		_	Citizenship _				_
Principal language, if other that	an English						_
Ht ft in. ~	Wt	_lbs.	Shirt: Neck _	in. Slee	eve	in. Chesti	٦.
T-Shirt: XXL XL L	□M □S	□xs	Pant: Waist	in	~ Lengt	hin.	
	RI	ELIGIOUS IN	FORMATIO	N			
Religion		Baptized	l	Co	nfirmed _		_
Name and address of current	parish or churc	ch					
	5	SCHOOL INF	ORMATION				
Current School						Grade	_
Address							
Street Telephone () ()			I/ Head of Scl	•	Code	Country	_
Principal's Email							
Last three schools attende	ed:						
			from		to		_
			from		to _		_
			from		to		

Application for Admission



FAMILY INFORMATION

Check if appropriate		<u>Applic</u>	ant lives with					
☐ Parents separated ☐ Father deceased		☐ Mother and Father	Legal Guardian					
☐ Parents divorced ☐ Mother remarried			☐ Grandparent					
☐ Mother deceased ☐ Father remarried		☐ Father	☐ 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 Recei	ive Correspon	dence						
Name	F	Relation to Student						
Home Address	City	State 7ir	o Country					
Telephone () ()								
FAX () ()		Other						
Business Name		Position						
Bus. Address	City	State Zir	o Country					
Bus. Phone () ()								
Country Code Area Code E-mail 1								
	= 1110	··· <u>-</u>						
☐ Person Applying for Student ☐ Person to Recei	ive Correspon	dence						
Name	F	Relation to Student						
Home Address	City	State Zip	o Country					
Telephone () ()	(Cell Phone () (yrea Code					
FAX () ()		Other						
Business Name	F	Position						
Bus. Address	City	State Zip	o Country					
Bus. Phone () ()	E	Bus. FAX () (Area Code					
E-mail 1	E-ma	uil 2						





ADDITIONAL FAMILY INFORMATION

If needed, for students with step-families, for each individual below, in the space marked "Relation" please indicate, Father, Mother, Stepfather, Stepmother, Grandfather, Legal Guardian, etc. Again, 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.

Nama	Relation to Student
NAILIG	Relation to Student
Home Address	
Street	City State Zip Country
Telephone () ()	Cell Phone () ()
Country Code Area Code	Other
3usiness Name	Position
Bus. Address	City State Zip Country
3us. Phone () ()	Bus. FAX () ()
	E-mail 2
- man 1	
☐ Person Applying for Student ☐ Person to	Receive Correspondence Relation to Student
Name	Relation to Student
Name	Relation to Student
NameStreet Telephone () ()	City State Zip Country Cell Phone (
Name Home Address Street Felephone () () FAX () () Country Code Area Code	Relation to Student City State Zip Country
NameStreet Felephone () () FAX () () Country Code Area Code Business Name	City State Zip Country Cell Phone () () Country Code Area Code Other Position
NameStreet Felephone () () FAX () () Country Code Area Code Business Name Bus. Address Street	City State Zip Country Cell Phone () () Country Code (Area Code) Other Position City State Zip Country
NameStreet Felephone () () FAX () () Country Code	City State Zip Country Cell Phone () () Country Code Area Code Other Position
NameStreet Telephone () () FAX () () Country Code	City State Zip Country Cell Phone () () Country Code (Area Code) Other Position City State Zip Country
NameStreet Telephone () () FAX () () Country Code	City State Zip Country Cell Phone () () Country Code (Area Code) Other Position City State Zip Country Bus. FAX () () Country Code (Area Code) E-mail 2





Applicant's brothers and sisters:

Relatives that attended Subiaco Academy Relationship APPLICANT'S ACTIVITIES / SPECIAL INTERESTS - Check each that applies: Technology Visual Arts Drama Vocal Music Instrumenta Hunting Fishing Boating Swimming Hiking Camping Basketball Soccer Baseball Cross Cour Golf Scouting 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, instrumenta Hours per Week played, honors and awards received.						
APPLICANT'S ACTIVITIES / SPECIAL INTERESTS – Check each that applies: Technology Visual Arts Drama Vocal Music Instrumenta Hunting Fishing Boating Swimming Hiking Camping Basketball Soccer Baseball Cross Cour Football Tennis Track Golf Scouting 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.						
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activities, sports, organizations, etc., both in and out of school that are most important to him. Hours per Leadership positions held, instru	ntry					
project, see a	ument(s)					
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.						



APPLICANT'S ESSAY

In this space, the applicant is to submit in his own handwriting, in black ink, a 200-300 word essay choosing one of the topics below. If necessary, additional pages can be added.

Share a positive experience that you have had within the last year, as well as how you have overcome a

recent challenging experience.Describe a person who is a good role model for you.	
 Why you want to be a student at Subiaco Academy. 	
	
	(if needed, continue on other side)—
Applicant Signature	Date

Parent or Guardian Signature _____

Date ____

APPLICANT'S ESSAY (continue by making this the top of the page)



Recommendation Form

To the Applicant/Parent: Please ask your reference to complete this form and **send it directly** to the **Subiaco Academy Admission Office**.

To the Respondent: The student presenting this form has applied for admission to Subiaco Academy, a Catholic, college-preparatory school for boys in grades 7-12. Subiaco seeks boys of good moral character who have the ability and willingness to handle a challenging college preparatory education. Your help in our evaluation of this applicant will be greatly appreciated and the information provided will be kept in **strict confidence**.

of this applicant will be greatly appreciated and the information provided will be kept in strict confidence.							
Applicant's Name Applying for grade							
I have known the applicant for years as his:							
☐ English Teacher ☐ Math	Teacher	□ Co	ounselor		Other_		
Please evaluate the applicant in the following areas:							
ACADEMIC QUALITIES	Excellent	Good	Average	Fair	Poor	No Observation	
Study Habits							
Study Skills							
Classroom Participation							
Classroom Behavior							
Quality of Assignments							
Attentiveness in Class							
Academic Potential							
Extracurricular Involvement							
PERSONAL QUALITIES							
Self-Image							
Concern for Others							
Respect for Property							
Responsibility							
Relation to Peers							
Relation to Teachers/Adults							
Leadership							
Personal Conduct							
Personal Integrity							

n the box below state in what way	s the applicant will be an asset t	o Subiaco Academy?
n the box below state how the app	olicant interacts with peers, teach	ners and persons of authority.
Please indicate whether there is in	formation that can be better con	veyed by telephoneYesNo
Please indicate to what degree you	u recommend the applicant.	
Enthusiastically ☐ Conf	idently ☐ With Reservation [☐ Do Not Recommend ☐
f the recommendation is "With Re	servation" or "Do Not Recomme	nd," please explain in the box below.
Respondent's Name		
Address		
		Zip
Day Phone ()	Evening # ()	Cell # ()
E-mail 1	E-mail 2 Title/Relationship	
School		
Signature		Date
Please forward to: Admission Office	Or Fax to: <i>479-934-10</i> 33	Toll Free Call: 800-364-7824
Subiaco Academy	710 00T-1000	000 007 102 7
405 North Subiaco Ave.	Or E-Mail to:	Direct Line:
Subiaco, AR 72865-9798	admissions@subi.org	479-934-1034



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Study Skills								
Classroom Participation								
Classroom Behavior								
Quality of Assignments								
Attentiveness in Class								
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Personal Conduct								
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Please indicate whether there is in	nformation that can be better	conveyed by telephone. Yes No			
Please indicate to what degree yo	ou recommend the applicant.				
Enthusiastically □ Con	fidently With Reservation	on □ Do Not Recommend □			
•	•	mend," please explain in the box below.			
The recommendation to With the	SOCIVATION OF BOTTOC (COOM)	mona, piede explain in the sex selem.			
Respondent's Name					
Address					
		ate Zip			
		Cell # (<u>)-</u>			
	Title/Relations	ship			
School	to Applicar	nt			
Signature		Date			
Please forward to:	Or Fax to:	Toll Free Call:			
Admission Office Subiaco Academy	479-934-1033	800-364-7824			
405 North Subiaco Ave.	Or E-Mail to:	Direct Line:			
Subiaco, AR 72865-9798	admissions@subi.org	479-934-1034			



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I have known the applicant for years as his:								
☐ English Teacher ☐ Math Teacher ☐ Counselor ☐ Other								
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Enthusiastically ☐ Conf	idently ☐ With Reservation [☐ Do Not Recommend ☐
If the recommendation is "With Re	servation" or "Do Not Recomme	nd," 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		
Please forward to:	Or Fax to:	Toll Free Call:
Admission Office	479-934-1033	800-364-7824
Subiaco Academy 405 North Subiaco Ave.	Or E-Mail to:	Direct Line:
Subiaco, AR 72865-9798	admissions@subi.org	479-934-1034



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) at	tended _									
Signature of Parent/Guard	an									
Parent/Guardian (Printed)										
Address		City ST _	Zip							
Daytime Telephone ()	Email								



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/	/ H	leight	Weigl	nt	Blood Pressure		Pulse	
	Normal	Abnorr	nal Findings/C	omments				
HEENT								
Chest								
Cardiovascular								
Abdomen								
Genitourinary								
Musculoskeletal								
Skin								
Neurological								
General Health								
Immunizations curre Restrictions on phys Can participate in P.	sical activitie		☐ Yes ☐ Yes ☐ Yes	☐ No ☐ No ☐ No	Comments:			
Recommendations/Co	mments:							
Examiner Informatio	n							
Name					Title			
Hospital/Clinic								
Address				_ City		ST	Zip	
Phone ()			Email _					
Signature					Date /		1	