



St. Therese Digital Academy
 Roman Catholic Diocese of Burlington
 55 Joy Drive
 South Burlington, VT 05403
 (802) 658-6110 ext. 1450
llorenz@vermontcatholic.org

APPLICANT INFORMATION

(PLEASE PRINT. Leave no blank spaces. For questions that do not apply, write "N/A.")

Student's legal name _____
(Last) (First) (Middle) (Preferred Name)

Applying for school year 20_____ Grade _____ Repeating a grade? ___Yes ___No

Social Security Number _____ Birth date ___/___/___ Sex _____(M/F)

Birthplace (city, state, country) _____

Home address _____
(Street and Number) (City) (State) (Zip code)

Home phone _____ - _____ - _____ Student Email (for official school communication) _____

Primary language spoken in the home _____

Religion _____ Baptized in that religion? ___Yes ___No

FOR CATHOLIC APPLICANTS

Catholic parish where registered _____
(Name) (Address) (Telephone)

SACRAMENTAL INFORMATION

DATE

CHURCH (name, city, state)

Baptism	___/___/___	_____
Reconciliation	___/___/___	_____
First Eucharist	___/___/___	_____
Confirmation	___/___/___	_____

ACADEMIC HISTORY

<u>NAME OF PREVIOUS SCHOOL</u>	<u>SCHOOL YEAR</u>	<u>GRADES</u>	<u>LOCATION</u>	<u>TELEPHONE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FAMILY INFORMATION:

MARITAL STATUS:

Married
 Single
 Separated
 Divorced
 Mother deceased
 Father deceased
 Mother remarried
 Father remarried

(NOTE: In cases of divorce, a decree of custody, as well as any specific instructions regarding release of the child to a parent, must be submitted with this application.)

STUDENT LIVES WITH:

Both parents one home
 Both Parents part time
 Mother
 Father
 Guardian

MOTHER

Full Name _____

Maiden name: _____

Religion _____

Parish _____

Home address _____

Home phone _____ - _____ - _____

Cell phone _____ - _____ - _____

Occupation _____

Employer _____

Work phone _____ - _____ - _____

Work email _____

FATHER

Full Name _____

Religion _____

Parish _____

Home address _____

Home phone _____ - _____ - _____

Cell phone _____ - _____ - _____

Occupation _____

Employer _____

Work phone _____ - _____ - _____

Work email _____

GUARDIAN

Full Name _____

Religion _____

Parish _____

Home address _____

Home phone _____ - _____ - _____

Cell phone _____ - _____ - _____

Occupation _____

Employer _____

Work phone _____ - _____ - _____

Work email _____

TUITION/FEES

Application Fee	\$75.00
Registration Fee	\$25.00 for Full-time Student, \$15.00 for Part-time Student
Student Tuition Rates	Full-time Student, \$3,030 (6 credits) Part-time Students, \$505/credit or \$300/half credit Hub Day, \$505

The application fee is a one-time fee and is separate from registration and tuition. It is non-refundable and must be paid at the time of submission of the application. Checks should be made payable to St. Therese Digital Academy.

St. Therese Digital Academy utilizes FACTS to determine need for financial aid. To be eligible for financial aid, please complete the FACTS Grant and Aid Section through the <http://www.factsmgt.com/>.

APPLICATION CHECKLIST

To be considered for admission, the following items are required:

- Completed application, signed and dated
- Non-refundable application fee
- Copy of birth certificate (original presented to school personnel for verification after child is accepted)
- Copy of baptismal certificate (Catholics only) and other sacramental certificates (if applicable)
- School records (sent directly from applicant's current school): Current and two previous academic years' report cards (including comments) and standardized test scores
- Confidential teacher evaluation
- Immunization record
- Copy of custody decree (if applicable)

Printed name of parent/guardian

____/____/____
Date

Signature of parent/guardian

UNCONDITIONAL OBLIGATION

I/we understand that the operating expenses of the school do not diminish with student departures during the course of the year. I/we understand that my/our obligation to pay tuition for the full academic year is unconditional after acceptance. In the event of a voluntary withdrawal or withdrawal in cases of illness, I/we acknowledge that the amount owed to the school is governed by the table below. No refunds will be made in the case of dismissal of the above student, or in cases of voluntary withdrawals made to preempt a dismissal.

Withdrawal date: _____ Amount of tuition owed to school:

Before November 16	50% of net tuition
November 16 – January 15	75% of net tuition
January 16 – end of year	100% of net tuition

*Financial responsibility for tuition and fees belong to both parents/guardians (e.g., non-custodial parent or grandparent), the other party will be required to complete an enrollment contract and FACTS application before consideration will be given for financial aid.

*Families cannot be considered for financial aid with an outstanding financial obligation to St. Therese Digital Academy.

By signing below you agree to have the student(s) attend St. Therese Digital Academy and, if applicable, participate in the Hub and pay all tuition and fees.

Signature

Date

Printed Name

COURSE REGISTRATION FORM

Student Tuition Rates (check all that apply):

Registration Fee \$25.00 for Full-time Student, \$15.00 for Part-time Student
 Student Tuition Rates Full-time Student, \$3,030 (6 credits)
 St. Therese Course Costs:
 Part-time Students, \$505/credit or \$275/half credit
 Hub Day, \$505
 Arch Diocese of Miami Course Costs:
 \$525/credit or \$300/half credit

Please refer to Graduation Requirements at <http://stdavt.org/curriculum/> for guidance with course selection. If further assistance is needed, please make an appointment by emailing lllorenz@vermontcatholic.org.

Please list course numbers you wish to register for from the catalog (see Curriculum Catalog on website):

Course Title	Course Number	Credit Number
		Total Credits: