



The Priestly Fraternity of St. Peter
ST. GREGORY'S ACADEMY

APPLICATION INTRODUCTION

Dear Parents,

Thank you for your interest in St. Gregory's Academy, a unique Catholic boarding school for boys grades 9-12. All charges and payment options are detailed in the Financial Summary below. The tuition for the coming academic year is \$16,000. To apply for admission, please print the following pages and mail the completed forms to:

St. Gregory's Academy, Attn: Admissions
135 St. Gregory's Place
Elmhurst Township, PA 18444

Please be sure to send:

- Application for Admission (five pages, comprising parts i-vii)
- Photocopies of Baptismal and (if applicable) Confirmation certificates

Also please ensure that the following are provided for us:

- Pastor's recommendation
- Two additional recommendations
- Prior school or home-school records (beginning with 7th grade)

We encourage prospective students and their families to visit the school, preferably during the school year. Please call to arrange a visit and confirm that the date you have selected will be compatible with our calendar.

If you have any questions about the application process, or about the Academy itself, please feel free to call and speak with our Rector, Fr. Justin Nolan, or the receptionist.

May God bless you and your family.



The Priestly Fraternity of St. Peter
ST. GREGORY'S ACADEMY

APPLICATION for ADMISSION

PART I – Family Information

APPLICANT

_____ Name (first / middle / last) _____ Date of Birth _____ Age _____

Desired date of entrance _____
Month / Year _____ Grade _____

Home Address _____
Street _____ City / State / Zip _____

Home Telephone (_____) _____ Soc. Sec. # _____

Applicant lives with: Both Parents Mother Father Guardian

_____ Guardian's Name (if applicable) _____ Relation to Applicant _____

Number of Brothers: Older _____ Younger _____ Number of Sisters: Older _____ Younger _____

FATHER

_____ Name _____ Living? Yes No

Employer _____ Occupation _____

Day-time Phone (_____) _____ Cell Phone (_____) _____

E-mail Address _____

MOTHER

_____ Name _____ Living? Yes No

Employer _____ Occupation _____

Day-time Phone (_____) _____ Cell Phone (_____) _____

E-mail Address _____

EMERGENCY CONTACT (other than parents/guardian)

_____ Name _____ Relation to Applicant _____

Day-time Phone (_____) _____ Cell Phone (_____) _____

PART II – Sacramental History

Baptism: _____
Parish _____ City/State _____

Communion: _____
Parish _____ City/State _____

Confirmation: _____
Parish _____ City/State _____

Please enclose copies of Baptismal and Confirmation certificates.

PART III – Educational History

Does the applicant’s educational history include any years of...

Home-schooling? Yes No If yes, for which grades? _____
Parochial schooling? Yes No If yes, for which grades? _____
Public schooling? Yes No If yes, for which grades? _____

Last grade attended (or currently attending) _____ Approximate grade average _____

Has he been diagnosed with a learning disability? Yes No (Please explain “Yes” answer in Part VI.)

Do both parents recognize the value of the educational formation offered at St. Gregory’s?
 Yes No (Please explain “No” answer in Part VI.)

Please have school records, beginning with 7th grade, sent to St. Gregory’s Academy.

PART IV – Disciplinary History

(In determining the compatibility of St. Gregory’s with your son’s needs, we appreciate your honest answers below.)

Does your son have a history of:
disciplinary problems at home or school?..... Yes No
suspensions or removal from a school?..... Yes No
alcohol abuse? Yes No
drug abuse?..... Yes No
criminal arrests?..... Yes No

(Please explain “Yes” answers in Part VI.)

PART VII – Financial Summary

Itemization of Charges

The itemization below represents all the charges which will be required of a student by the Academy.

Tuition	\$16,000.00
This includes room, board, texts, and unlimited long-distance telephone use.	
Reservation Deposit/Contingency Fund.....	\$500.00
Not included in the Tuition figure; due within two weeks of acceptance.	
Allowance Fund (for weekly distribution).....	variable

Payment Plans

The tuition may be pro-rated semi-annually, or over nine months in which case \$1,778 is due the 1st day of each month (and overdue on the 5th) from September through May.

If either plan is selected, payments will be arranged by an independent tuition management service. A processing fee of \$90 (in the case of paper invoices) or \$53 (for electronic payments) will be charged by this company unless the full charges are paid to the Academy by September 1st.

Reservation Deposit / Contingency Fund

The Reservation Deposit / Contingency Fund, remitted within two weeks of acceptance, guarantees a student's place in the Academy. It is not refundable if the student fails to enter the school. Once the school-year begins, this fund serves as a resource to cover special charges which a student may incur (such as medical or athletics program expenses, and tickets for special events or activities), and the unused balance is refundable at the end of the year. Replenishing the contingency fund balance to \$500 by June 15th will reserve a student's place for the upcoming school-year.

Please note that the Contingency Fund is distinct from a student's personal Allowance Fund. Contingency money is used only at the Rector's discretion, and is not directly accessible by students.

Allowance Fund

We suggest that parents establish a personal cash fund for their sons, which can be distributed to them on a

weekly basis. Typical allowances are \$5 or \$10 per week. Checks should be made payable to St. Gregory's Academy and sent directly to the school. Please indicate "Allowance Fund" in the memo.

Late and Non-payment Policy

If a payment has not been received within 30 days of the due date, and arrangements have not been made with the Rector, the student may be dismissed from the Academy. No student will be admitted to a new academic year until the previous year's charges have been paid in full.

Withdrawal / Expulsion Penalty

If a student withdraws or is expelled from the Academy before the end of the school-year, a penalty of \$1,000 is due within 30 days. This policy is necessary because, as a boarding school, we can enroll only a certain number of students. Those applicants whom we were forced to turn away for want of space will have made other arrangements for the year by the time of such withdrawals. The Academy must operate on a budget, and each student is accepted with the expectation that he will complete the school-year.

Financial Aid

St. Gregory's Academy has a scholarship fund with limited financial aid available for families in need. Assessments for aid are made by an independent financial aid management service.

Prospective Financial Commitment

I understand that I will be asked to enter into a financial agreement with an independent tuition management service unless I pay the full charges due to the Academy by September 1st. I anticipate that...

- I will pay the full charges by September 1st.
- I will pay the full charges by a payment plan.
- I will require financial aid.

Signature

Date



The Priestly Fraternity of St. Peter
ST. GREGORY'S ACADEMY

PASTOR'S RECOMMENDATION

Name of Applicant

Name _____ Phone number (_____) _____

Reverend and Dear Father,

Please be objective in your responses concerning this applicant. Your remarks will remain confidential. This recommendation is an essential part of his application, so please submit this form as soon as possible. Use the address below, adding "attention: Admissions."

How long have you known the applicant? ____yrs Do you feel that you know him well? Yes No

Do you foresee a likelihood of difficulties in any of the following areas?

- | | | | |
|-------------------------------|--|------------------------------------|--|
| Academic under-achievement | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dishonesty | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lack of personal organization | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bullying | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Uncooperativeness with peers | <input type="checkbox"/> Yes <input type="checkbox"/> No | Emotional instability | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Uncooperativeness with adults | <input type="checkbox"/> Yes <input type="checkbox"/> No | Resistance to practicing the Faith | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please describe the applicant's character (strengths and weaknesses), or offer any other information that might help us to assess this candidate.

Signed _____ Date _____



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ADULT or TEACHER'S RECOMMENDATION

Name of Applicant _____

(_____) _____

Telephone _____

Your Name

Relationship to Applicant

Dear Sir or Madam,

Please be objective in your responses concerning this applicant. Your remarks will remain confidential. This recommendation is an essential part of his application, so please submit this form as soon as possible. Use the address below, adding "attention: Admissions."

How long have you known the applicant? ___yrs Do you feel that you know him well? Yes No

Teachers:

Your estimate of the applicant's prospect for success in high school:

- Poor May have difficulty Average Above average Superior

Weakest subjects _____ Strongest subjects _____

Teachers or Adult Friends:

Do you foresee a likelihood of difficulties in any of the following areas?

- | | | | |
|--|--|-----------------------|--|
| Attachment to entertainment technology | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dishonesty | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Uncooperativeness with peers | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bullying | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Uncooperativeness with adults | <input type="checkbox"/> Yes <input type="checkbox"/> No | Emotional instability | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please describe the applicant's character (strengths and weaknesses), or offer any other information that might help us to assess this candidate. Use reverse side for additional space.

Signed _____ Date _____



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ADULT or TEACHER'S RECOMMENDATION

Name of Applicant _____

(_____) Telephone _____

_____ Your Name _____ Relationship to Applicant _____

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| Uncooperativeness with peers | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bullying | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Uncooperativeness with adults | <input type="checkbox"/> Yes <input type="checkbox"/> No | Emotional instability | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please describe the applicant's character (strengths and weaknesses), or offer any other information that might help us to assess this candidate. Use reverse side for additional space.

Signed _____ Date _____