



EVEREST ACADEMY

An Authentic
Catholic School
of Distinction

APPLICATION FOR ADMISSION

Please attach
a recent photo
of applicant here

*Excellence
in the
Complete
Development
of the
Human Person*

5935 Clarkston Road
Clarkston, MI 48348
248-620-3390
248-620-3942 Fax

† EverestCatholic.org

Please type or print.

Please submit application and testing fee with this form.

Applying to Grade: _____ Applying for School Year: _____

Date of Birth: _____ SS#: _____
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Name of Applicant: _____ Male Female
Last First Middle

Home Address: _____
Address

City State Zip Code

Home Phone: _____ Citizenship: _____ Religion: _____

Baptized: Yes No Religion Baptized in: _____

Date Church City/State

Reconciliation: Yes No

Date Church City/State

First Communion: Yes No

Date Church City/State

Confirmation: Yes No

Date Church City/State

Parish or Place of Worship: _____
Name

Address

City State Zip code Phone

School district in which you live: _____

Present Grade: _____ How many years have you been at this school? _____

Present School: _____
Name

City State Grades Attended Reason for Leaving

Previous School: _____ to _____
Name Year Year

City State Grades Attended Reason for Leaving

Previous School: _____ to _____
Name Year Year

City State Grades Attended Reason for Leaving

How did you come to know about Everest Academy? Website Email Social Media Friend/Relative
 Print ad Parish Bulletin Open House Other _____

Have you ever applied to Everest Academy before? Yes No If yes, when? _____

Do you know any families at Everest Academy? Yes No

If yes, list family names: _____

Parent Information

Father's Full Name: _____	Mother's Full Name: _____
Home Address (if different from applicant): _____ _____	Home Address (if different from applicant): _____ _____
Home Telephone: _____	Home Telephone: _____
Mobile Telephone: _____	Mobile Telephone: _____
Employer: _____	Employer: _____
Position: _____	Position: _____
Type of Business: _____	Type of Business: _____
Business Address: _____	Business Address: _____
Business Telephone: _____	Business Telephone: _____
Email Address: _____	Email Address: _____
Educational Background: _____	Educational Background: _____
Religion: _____	Religion: _____
Current Parish/Church: _____	Current Parish/Church: _____
Citizenship: _____	Citizenship: _____

Person financially responsible for tuition payments: _____

Address for billing: _____

Do you anticipate a need for financial aid? Yes No

Please check the following, if applicable:

- Mother deceased Father deceased Parents divorced Parents separated Mother remarried Father remarried

If applicant does not live with both parents, please explain the family situation: _____

Siblings

Name	Birthdate	Present Grade	Present School/Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*High Caliber Academics
with Single Gender Focus
on a Co-Ed Campus*

Confidential Information

Are there any extenuating circumstances that have affected your child's school performance to date?
Use a separate sheet of paper if necessary.

Please check and explain the following items:

- Physical needs of which the school should be informed _____
- Special current or recurrent illness _____
- Diagnosed learning disability _____ Diagnosed by _____
- Substantial personal involvement in a non-school activity _____

Is your child receiving ongoing counseling for any reason? No Yes

If yes, by whom: _____ Reason: _____

Is pertinent information available to Everest Academy? No Yes

General information Use a separate sheet of paper if necessary.

What types of activities do you enjoy as a family? _____

What are the most important qualities you are looking for in your child's education?

What would you like to tell us about your child that will help us to know him/her better? We would be interested in any special talents or gifts he/she may possess, as well as areas in which you would like to see further development.



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Played with
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General information (cont.) Use a separate sheet of paper if necessary.

What are your child's interests and hobbies?

Why do you want your child to attend Everest Academy?

Are there any extenuating circumstances that may affect your child's success at Everest?

The applicant will be considered a *Candidate only* when this application and all academic material requested are received and on file with the Admissions Office. Please direct all questions and forward all signed materials to the Director of Admissions.

Applicant Signature

Date

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date