



# The Welsh Academy

AT SAINT IGNATIUS

*In Honor of Rev. Robert J. Welsh, S.J. '54*

## APPLICATION FOR ADMISSION

### **Section I Student Information:**

Student's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zip Code

Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Area Code Month Day Year

Home Language: \_\_\_\_\_

Language (s) Student Reads and Writes: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Social Sec. No. \_\_\_\_\_ Race \_\_\_\_\_

Parish or Church \_\_\_\_\_ Religion \_\_\_\_\_

### **Section II Family Information:**

	Mother/Guardian 1	Father/Guardian 2
Name		
Address		
Home Phone		
Cell Phone		
Work Phone		
Email Address		
Occupation		
Employer		
Primary Language		
Other Languages Spoken		

Please check if appropriate:

- Parents Married \_\_\_\_\_
- Parents Separated/Divorced \_\_\_\_\_
- Single Parent \_\_\_\_\_
- Father Deceased \_\_\_\_\_
- Father Remarried \_\_\_\_\_
- Mother Deceased \_\_\_\_\_
- Mother Remarried \_\_\_\_\_

Student lives with: \_\_\_\_\_

Relationship with this person: \_\_\_\_\_

Please list any brothers or sisters:

Name	Age	Grade	School

**Section III Student Educational Information**

Current School: \_\_\_\_\_

Principal: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Current School/Number of Years Attended: \_\_\_\_\_

Previous School/Number of Years Attended: \_\_\_\_\_

Reason for Switching Grade Schools (if applicable): \_\_\_\_\_

Other Schools Attended (if any): List name of school, years attended, and grades attended

\_\_\_\_\_

Does your son receive any school-related support services or special education services:

Yes  No

If yes please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Counseling (School)          | <input type="checkbox"/> Support in a Resource Room |
| <input type="checkbox"/> Counseling (Outside School)  | <input type="checkbox"/> English Language Support   |
| <input type="checkbox"/> Title I Reading Support      | <input type="checkbox"/> Special Education Services |
| <input type="checkbox"/> Title I Math Support         | <input type="checkbox"/> Speech/Language Therapy    |
| <input type="checkbox"/> Other (Please specify) _____ |   |

Is there any illness or disability that impacts your son's studies or participation in school activities such as physical education?  Yes  No

If yes, please indicate and explain what the illness or disability is here: \_\_\_\_\_

\_\_\_\_\_

Has your son ever repeated a grade?  Yes  No

If so, please specify the grade and why: \_\_\_\_\_

Has your son ever been suspended or expelled from school?  Yes  No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section IV Student in His Own Words:**

(this section must be written by the student and in his own handwriting)

Please write a paragraph explaining why you want to attend The Welsh Academy.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(You may continue on an additional sheet of paper if you need additional space.)

List any academic awards or honors you may have received:

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Describe how you show kindness:

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How would you describe a good teacher?

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How much time do you spend on homework each night and/or studying topics you find academically interesting?

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How would your friends describe you?

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What else do you want us to know about you as a person?

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How would your teacher describe your behavior in class?

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List any activities/sports/clubs in which you currently participate?

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List topics or subjects that you wish you had the time to learn in school or want to learn more about (electronics, chess, how engines work, cooking, etc.):

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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section V Parent/ Guardian Statement of Intent**

How did you learn about The Welsh Academy?

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I understand that The Welsh Academy is a part of the Saint Ignatius High School community and is an academically challenging school with a rigorous academic curriculum and code of conduct and that full participation of parents and guardians is necessary to meet the requirements of the academy.

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Non-Discrimination Policy:** The Welsh Academy is mindful in its mission to be witness to the love of Christ for all, admits students of any race, color, religion, national and/or ethnic origin to all rights, privileges, programs, and activities generally accorded to or made available to students at the school. The Welsh Academy does not unlawfully discriminate on the basis of race, color, religion, and national and or/ethnic origin, age, sex, or disability in the administration of educational policies, admissions policies, scholarships and loan programs, and athletic and other school-administered programs.

**Please make sure to include the following documents with this application:**

1. Birth certificate
2. Current immunization record
3. Most recent 4<sup>th</sup> and 5<sup>th</sup> grade report cards
4. Most recent Ohio Department of Education Assessment results
5. Recent photo of student

**Please return the completed application to:**

The Welsh Academy  
ATTN: Arturo Carrillo, SJ

1944 West 32<sup>nd</sup> Street  
Cleveland, OH 44113