



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. _____ Ethnicity _____

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.

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

List any academic awards or honors you may have received:

Describe how you show kindness: _____

How would you describe a good teacher? _____

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

How would your friends describe you? _____

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

How would your teacher describe your behavior in class? _____

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

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.): _____

Student Signature: _____ **Date:** _____

Section V Parent/ Guardian Statement of Intent

How did you learn about The Welsh Academy?

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 4th and 5th 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: Margarita Peña
1946 West 32nd Street
Cleveland, OH 44113