

## ST. DOMINIC ACADEMY

**Grades: Pre K - 6**  
 17 Baird Avenue  
 Lewiston, ME 04240  
 (207) 783-9323

[www.st-dominic.net](http://www.st-dominic.net)

**Grades: 7 - 12**  
 121 Gracelawn Road  
 Auburn, Maine 04210  
 (207) 782-6911

Please complete the application and submit it with \$100.00 registration fee before April 30<sup>th</sup>, \$125.00 after the 30<sup>th</sup>.  
 The registration fee for PK & K is \$50. This fee is non-refundable.  
 Please make checks or money orders payable to St. Dom's.

Completed applications for PK thru 8 should be mailed to:  
 St. Dominic Academy  
 17 Baird Avenue  
 Lewiston, Maine 04240

<b>Pre-K only - circle one</b> (Full Week) (T-W-Th) (M & F)
---

**PLEASE PRINT LEGIBLY IN INK.**  
**INCOMPLETE ANSWERS WILL DELAY PROCESSING.**

Please check the appropriate box: Applying for Grade:  Pre K  K  1  2  
 3  4  5  6

Name: \_\_\_\_\_ Gender:  M  F  
last first middle

Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
# street city state zip

Mailing Address (if different from above) \_\_\_\_\_  
p.o. box / # street city state zip

Birth Place: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell Phone (Dad) \_\_\_\_\_  
mo./day/year

Student Resides With:  both parents  mother & stepfather  grandparents  
 mother only  father & stepmother  aunt & uncle  
 father only  foster parents  other (specify) \_\_\_\_\_

School You Now Attend (if applicable): \_\_\_\_\_  
name of school city/town

**FAMILY INFORMATION**

Father/Stepfather Name: \_\_\_\_\_  
first last

Mother/Stepmother Name: \_\_\_\_\_  
first maiden last

Home Address: \_\_\_\_\_  
(If different from above)

Home Address: \_\_\_\_\_  
(If different from above)

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Bus. Address: \_\_\_\_\_

Bus. Address: \_\_\_\_\_

Bus. Phone Number: \_\_\_\_\_

Bus. Phone Number: \_\_\_\_\_

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

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

Where should bills be sent?  Mother  Father  Other \_\_\_\_\_

If parents are divorced or separated, who has legal custody of the applicant?  Mother  Father  Other \_\_\_\_\_

Check appropriate box:  Parents Together  Father Deceased  Father Remarried  Parents Divorced  
 Parents Separated  Mother Deceased  Mother Remarried

If student resides with a legal guardian, please complete the following section:

Name of Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title/Position: \_\_\_\_\_  
Name of Company: \_\_\_\_\_ Business Address: \_\_\_\_\_

If in the case of a divorce or separation copies of school letters/emails are to be sent to another parent/or guardian please provide the following information:

name	relationship	phone	email
------	--------------	-------	-------

Name of Siblings:

_____	age: _____	current school: _____
_____	age: _____	current school: _____
_____	age: _____	current school: _____

Maternal Grandparents:

Paternal Grandparents:

_____	name
_____	address
_____	city state zip

_____	name
_____	address
_____	city state zip

**CHURCH AFFILIATION (if applicable) :**

Parish/Church: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_

**BACKGROUND:**

Is there any medical problem which might interfere with your studies or co-curricular activities?  Yes  No

If yes, please indicate (e.g.: asthma, diabetes, dyslexia, partial hearing loss, etc.)

\_\_\_\_\_

\_\_\_\_\_

The following information is used for statistical reporting to federal agencies to assure equal opportunity for all students. This optional information will not be used by the Admissions Office to make any decisions pertaining to your acceptance.

- American Indian/Alaskan Native     Asian     Black     Hispanic  
 Native Hawaiian/Pacific Islander     White     Multi-racial

Do you have any relatives that have graduated from St. Dom's? *If so, please provide the following information.*

_____	name	_____	years attended	_____	relation
_____	name	_____	years attended	_____	relation
_____	name	_____	years attended	_____	relation

Note: The satisfactory completion of the present grade is necessary for admission. Evidence of such satisfactory work will be required before final acceptance of this application.

Date of Application \_\_\_\_\_  
Signature of Father (Guardian) \_\_\_\_\_  
Signature of Mother (Guardian) \_\_\_\_\_

The St. Dom's Admissions Office requests permission to use photographs of our students for future use in our advertising brochures and web site updates. If you **do not** wish for your son or daughter's image to be used in future admissions advertising, please sign and date below:

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

Grades: Pre-K - 6  
17 Baird Avenue  
Lewiston, ME 04240  
(207) 783-9323

[www.st-dominic.net](http://www.st-dominic.net)

Grades: 7 - 12  
121 Gracelawn Road  
Auburn, Maine 04210  
(207) 782-6911

The following constitutes a complete application for admission to St. Dominic Academy

- Nonrefundable Registration Fee of \$100 before April 30<sup>th</sup> or \$125 after the 30<sup>th</sup>.  
    PK & K has a \$50 nonrefundable Registration Fee.
- Application For Admission
- Immunization records
- Copy of Birth Certificate
- Copy of Baptismal Certificate (grades Pre-K – 2 only)

# PARISH SUBSIDY

## ST. DOMINIC ACADEMY

Grades: Pre-K - 6  
17 Baird Avenue  
Lewiston, ME 04240  
(207) 783-9323

[www.st-dominic.net](http://www.st-dominic.net)

Grades: 7 - 12  
121 Gracelawn Road  
Auburn, Maine 04210  
(207) 782-6911

### PARISH SUBSIDY FORM

St. Dominic Regional High School is funded through tuition payments, Catholic parish subsidies, and fund-raising activities. To receive a parish subsidy a family must be "registered" in the parish and actively and regularly contributing financially and spiritually to that parish. Each parish may have other specific requirements with which you should become familiar. The parish reserves the right to review your contributions on a periodic basis and to verify the continued receipt of the parish subsidy.

### APPLICATION FOR PARISH SUBSIDY

*This form should be brought to your pastor for his signature. The parish will return it to St. Dom's.*

#### Part A: Family Information (To be completed by the family applying for a Parish Subsidy.)

Family Name: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Name of Mother: \_\_\_\_\_

Parish where registered: \_\_\_\_\_

Student(s) attending St. Dom's In 2010 - 2011 school year: \_\_\_\_\_ Student's grade (K - 12) for 2010-2011 school year :

Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing the Subsidy Agreement our family acknowledges responsibility

1. To provide a good example to our children by attending Mass regularly.
2. To participate in the life of the Parish whenever possible.
3. To contribute a just amount through regular use of the Parish Budget Envelope System.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Part B: Pastor's / Administrator's Approval

Parish: \_\_\_\_\_

As Pastor / Administrator, I verify that the \_\_\_\_\_ family

1.  Has met the parish requirements to receive a parish subsidy to St. Dominic Academy for 2010-2011.
2.  Has not met the parish requirements to receive a parish subsidy to St. Dominic Regional High School for the 2010-2011 school year and is expected to pay the full tuition.

Authorized by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_