





ST. MICHAEL THE ARCHANGEL HIGH SCHOOL

OUTSTANDING CATHOLIC EDUCATION

540-548-8748 "Fax540-548-8864 630 Campus Drive "Fredericksburg, Virginia 22407
www.saintmichaelhs.org

Application for Admission

Applying for Grade: 9 10 11 12

Date \_\_\_\_\_

Applicant Information

Full Legal Name \_\_\_\_\_
First Middle Last Nickname

Home Address \_\_\_\_\_
Street City State Zip

Home Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Religion \_\_\_\_\_ Church Membership \_\_\_\_\_

Ethnicity (optional): Caucasian African American Asian American Native American
Multi-Cultural

U.S. Citizen? Yes No If no, permanent resident? Yes No Years in U.S.? \_\_\_\_\_

What are your current citizenship, visa status and date of expiration? \_\_\_\_\_

If you speak a language other than English in your home, please specify \_\_\_\_\_

How did you become interested in St. Michael? \_\_\_\_\_

Mother

Father

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address (if different from applicant)

Home Address (if different from applicant)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

**Mother**

**Father**

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Business E-mail \_\_\_\_\_

Business E-mail \_\_\_\_\_

Stepfather's Name \_\_\_\_\_

Stepmother's Name \_\_\_\_\_

Check if appropriate:  Mother Deceased  Father Deceased  Parents Separated\*  Parents Divorced\*

\*To whom should general school information be sent?  Both Parents  Mother  Father

\*To whom should general academic information be sent?  Both Parents  Mother  Father

\*Who has legal custody?  Both Parents  Mother  Father

\*Applicant Email \_\_\_\_\_ Applicant Cell \_\_\_\_\_

*Sibling Information:* Please list the names of sisters and/or brothers below:

\_\_\_\_\_  
Name Age Current School/Grade

\_\_\_\_\_  
Name Age Current School/Grade

\_\_\_\_\_  
Name Age Current School/Grade

\_\_\_\_\_  
Name Age Current School/Grade

\_\_\_\_\_  
Name Age Current School/Grade

\_\_\_\_\_  
Name Age Current School/Grade

\_\_\_\_\_  
Name Age Current School/Grade

\_\_\_\_\_  
Name Age Current School/Grade

*Educational Information*

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Current School

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Address

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City, State, Zip

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Head of School/Principal

Last Three Schools Attended

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From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Former School

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From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Former School

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From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Former School

Has the candidate (applying to grades 10 or 11) previously applied for admission to St. Michael the Archangel High School?  Yes  No If yes, what year? \_\_\_\_\_

Had the candidate ever repeated or skipped a grade?  Yes  No  
If yes, which grade and why? \_\_\_\_\_

Has the candidate been suspended or dismissed from any school for any reason?  Yes  No  
If yes, please give specific details: \_\_\_\_\_

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Has the candidate ever been apprehended for drug use?  Yes  No  
If yes, did he/she attend rehab?  Yes  No

Has the candidate ever had any criminal charges, convictions, or adjudications of delinquency?  Yes  No  
If yes, please give specific details: \_\_\_\_\_

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Saint Michael does not have a special education department and can provide only minimal in-class services to students with special needs. Has the candidate ever been in special education, had additional tutoring, pulled out for extra help, testing or counseling?  Yes  No

If yes, please give specific details: \_\_\_\_\_

## STUDENT STATEMENT

**Applicant's Name:** \_\_\_\_\_ **Applying for Grade:** \_\_\_\_\_

As a part of the admissions process to Saint Michael the Archangel High School, we require a short student statement. Please write a one- or two-paragraph essay regarding why you would like to attend Saint Michael and what you expect to gain from your continued education at this school. Statements may be *legibly* handwritten or typed. Feel free to attach a separate sheet of paper for typed essays.

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Please mail directly to: Saint Michael the Archangel High School  
ATTN: Admissions Office  
6301 Campus Drive  
Fredericksburg, VA 22407



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### Transcript Request

Instructions for Parents:

Please give this form to an official or registrar at your child's current school after completing the information below. The sending school must return the form with an official transcript that includes current grades.

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize the release of the information mentioned below to Saint Michael the Archangel High School.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Instructions to Registrar:

This student has applied for admission to St. Michael the Archangel High School. Please send a complete transcript including current year-to-date grades (first semester grades must be included), grades from the previous year, and any available test scores and comments directly to our school.

Thank you for your assistance in this matter.

Please mail transcripts to:

St. Michael the Archangel High School  
ATTN: Admissions Office  
6301 Campus Drive  
Fredericksburg, VA 22407

## ENGLISH TEACHER RECOMMENDATION

**To Parents/Guardians:** Please acknowledge the following waiver by entering your child's name and signing the line below.

*I waive my right of access and that of my child to this teacher recommendation. I understand that it will not become part of his/her permanent file, nor will it be forwarded to other institutions without my prior approval.*

Applicant's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

**To Current English Teacher:** The child named above has made application to Saint Michael the Archangel High School. Your insight into his/her characteristics, performance, and habits helps the school tremendously in making an admission decisions – specific examples and anecdotes are helpful. Please be assured that all information will be considered strictly confidential. Upon completion of the form, please mail this form directly to the address on the reverse at your earliest convenience. Thank you for taking the time to complete this recommendation.

Teacher's Name: \_\_\_\_\_ Course Title: \_\_\_\_\_

Texts Used: \_\_\_\_\_ Years you have known student: \_\_\_\_\_

	Below Expectations				Exceptional
	1	2	3	4	5
<b>PERSONAL CHARACTERISTICS</b>					
Peer relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward faculty & staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship/Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of conflict/criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ACADEMIC PERFORMANCE</b>					
Language Arts/English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STUDY HABITS</b>					
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of completing work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/care of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worth ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please select one of the following recommendations:

- Highly recommend
- Recommend
- Recommend with reservations because \_\_\_\_\_  
\_\_\_\_\_
- Do not recommend because \_\_\_\_\_  
\_\_\_\_\_

We value your insight regarding this student. Please comment on any academic and personal characteristics about which the Admissions Committee should be aware. State any unusual circumstances or other factors that might assist the Committee in its evaluation of the applicant. Any comments that will differentiate this student from other applicants are appreciated. Responses may be handwritten or typed. Please feel free to attach additional pages, if necessary.

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

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## MATHEMATICS TEACHER RECOMMENDATION

**To Parents/Guardians:** Please acknowledge the following waiver by entering your child's name and signing the line below.

*I waive my right of access and that of my child to this teacher recommendation. I understand that it will not become part of his/her permanent file, nor will it be forwarded to other institutions without my prior approval.*

Applicant's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

**To Current Mathematics Teacher:** The child named above has made application to Saint Michael the Archangel High School. Your insight into his/her characteristics, performance, and habits helps the school tremendously in making an admission decisions – specific examples and anecdotes are helpful. Please be assured that all information will be considered strictly confidential. Upon completion of the form, please mail this form directly to the address on the reverse at your earliest convenience. Thank you for taking the time to complete this recommendation.

Teacher's Name: \_\_\_\_\_ Course Title: \_\_\_\_\_

Texts Used: \_\_\_\_\_ Years you have known student: \_\_\_\_\_

	Below Expectations				Exceptional
	1	2	3	4	5
<b>PERSONAL CHARACTERISTICS</b>					
Peer relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward faculty & staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship/Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of conflict/criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ACADEMIC PERFORMANCE</b>					
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facts/computation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concepts/problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STUDY HABITS</b>					
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of completing work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/care of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worth ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select one of the following recommendations:

- Highly recommend
- Recommend
- Recommend with reservations because \_\_\_\_\_  
\_\_\_\_\_
- Do not recommend because \_\_\_\_\_  
\_\_\_\_\_

We value your insight regarding this student. Please comment on any academic and personal characteristics about which the Admissions Committee should be aware. State any unusual circumstances or other factors that might assist the Committee in its evaluation of the applicant. Any comments that will differentiate this student from other applicants are appreciated. Responses may be handwritten or typed. Please feel free to attach additional pages, if necessary.

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

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## CHARACTER RECOMMENDATION

**Applicant's Name:** \_\_\_\_\_ **Applying for Grade:** \_\_\_\_\_

**Candidate:** You must submit a recommendation by someone who is familiar with your personal characteristics and ethical choices including, but not limited to, a parish pastor, vicar, deacon, minister or preacher. *Please note: the recommender may not be a member of your immediate family.*

**Recommender:** Thank you for taking the time to complete this recommendation. Please use the space below to comment on the personal and/or moral characteristics of this candidate that you would like to share with the St. Michael the Archangel High School Admission Committee. Specific examples and anecdotes are especially useful. Responses may be handwritten or typed. Please mail the completed recommendation form directly to the Admissions Office at your earliest convenience.

\_\_\_\_\_  
Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Years Known \_\_\_\_\_

Signature \_\_\_\_\_

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## FOREIGN LANGUAGE TEACHER RECOMMENDATION

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*I waive my right of access and that of my child to this teacher recommendation. I understand that it will not become part of his/her permanent file, nor will it be forwarded to other institutions without my prior approval.*

Applicant's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

**To Current Foreign Language Teacher:** The child named above has made application to Saint Michael the Archangel High School. Your insight into his/her characteristics, performance, and habits helps the school tremendously in making an admission decisions – specific examples and anecdotes are helpful. Please be assured that all information will be considered strictly confidential. Upon completion of the form, please mail this form directly to the address on the reverse at your earliest convenience. Thank you for taking the time to complete this recommendation.

Teacher's Name: \_\_\_\_\_ Course Title: \_\_\_\_\_

Texts Used: \_\_\_\_\_ Years you have known student: \_\_\_\_\_

	Below Expectations				Exceptional
	1	2	3	4	5
<b>PERSONAL CHARACTERISTICS</b>					
Peer relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward faculty & staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship/Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of conflict/criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ACADEMIC PERFORMANCE</b>					
Foreign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STUDY HABITS</b>					
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of completing work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/care of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worth ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select one of the following recommendations:

- Highly recommend
- Recommend
- Recommend with reservations because \_\_\_\_\_  
\_\_\_\_\_
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\_\_\_\_\_

We value your insight regarding this student. Please comment on any academic and personal characteristics about which the Admissions Committee should be aware. State any unusual circumstances or other factors that might assist the Committee in its evaluation of the applicant. Any comments that will differentiate this student from other applicants are appreciated. Responses may be handwritten or typed. Please feel free to attach additional pages, if necessary.

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

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