

Fontbonne Academy
 930 Brook Road
 Milton, MA 02186
 TEL 617.615.3014
 admissions@fontbonneacademy.org
 www.fontbonneacademy.org



FONTBONNE
 ACADEMY

Established 1954
 A Ministry of the Sisters of
 St. Joseph of Boston

Name of Student Applicant _____
 (first) (middle) (last)

Street Address _____
 Apt. # City State Zip

Home Phone Number _____ Student Email Address _____

Current Grade _____ Current School _____ City _____

Parent/Guardian Information

Applicant resides with: Both Parents Mother Father Guardian

Check if appropriate: Father Deceased Mother Deceased
Parents Separated Parents Divorced
Father Remarried Mother Remarried

Information regarding the student should be sent to: Both parents Mother Father Guardian

PARENT 1: Mother Father Guardian PARENT 2: Mother Father Guardian

 (first) (middle) (last)

 (first) (middle) (last)

Mailing Address _____

Mailing Address _____

Home Phone _____ Parent 1 Email Address _____

Home Phone _____ Parent 2 Email Address _____

Occupation/Title _____

Occupation/Title _____

Employer/Company Name _____

Employer/Company Name _____

Employer Address _____

Employer Address _____

Employer Phone _____

Employer Phone _____

Parent Statement

In approximately 250 words on a separate page, state why you believe Fontbonne is the right academic, spiritual, and social environment for your daughter, and why you think she is right for our community.

Please separately indicate what you believe to be the three most important elements of your daughter's secondary school education.

Family Information

Applicant's Sibling _____

Name _____ Age _____ Sex: F M School Attending _____

Applicant's Sibling _____

Name _____ Age _____ Sex: F M School Attending _____

Applicant's Sibling _____

Name _____ Age _____ Sex: F M School Attending _____

Has your daughter had any relatives attend Fontbonne Academy?

Name _____

Last	First	Maiden	Year of Graduation/Attendance	Relationship
------	-------	--------	-------------------------------	--------------

Name _____

Last	First	Maiden	Year of Graduation/Attendance	Relationship
------	-------	--------	-------------------------------	--------------

Name _____

Last	First	Maiden	Year of Graduation/Attendance	Relationship
------	-------	--------	-------------------------------	--------------

How did you learn about Fontbonne Academy? _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Fontbonne Academy
930 Brook Road
Milton, MA 02186
TEL 617.615.3014
FAX 617.696.7688
admissions@fontbonneacademy.org
www.fontbonneacademy.org



FONTBONNE
ACADEMY

Established 1954
A Ministry of the Sisters of
St. Joseph of Boston

Student Information: To be completed by applicant

Name of Student Applicant _____
(first) (middle) (last)

Street Address _____
Apt. # City State Zip

Home Phone Number _____ Student Email Address _____

Current Grade _____ Current School _____ City _____

Recommendation

To be completed by an English, Social Studies, Math or Science Teacher

The applicant above is in the process of applying to Fontbonne Academy. We thank you for taking the time to complete this recommendation form in an effort to provide the Admissions Committee with an assessment of this student's abilities and talents.

Once completed, please return directly to: Fontbonne Academy
Attention: Admissions (Please reference applicant's name)
930 Brook Road
Milton, MA 02186

Your Name: _____

Phone Number: _____ Email: _____

School: _____ City _____

How long have you known this student? _____

Which course that you teach has this student most recently completed? _____

Describe the contributions this student has made in class: _____

How has this student made an impact in the greater school community? _____

Please assess the student in the following areas of learning competency:

	Excellent	Very Good	Good	Fair
Class Preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<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"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to synthesize and integrate information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please assess this student's characteristics and traits:

	Excellent	Very Good	Good	Fair
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to feedback/criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any additional information or comments, please use the space below.

Signature _____ Date _____

Standardized Testing Results

Test _____ Date Given _____ Grade Level/Percentile _____

Verbal _____

Mathematics _____

Reading _____

Recommendation

With Enthusiasm

Recommend

With Reservation

Do Not Recommend

Please elaborate _____

How long have you known the applicant? _____ In what capacity? _____

Your Name (please print) _____ Signature _____

Your Position _____ Date Mailed _____

If you would like to discuss this applicant by telephone: Tel. # _____ Best time to call: day evening

Student Discipline Record

Pursuant to the Education Reform Act, Section 37; 37L of Chapter 71, I am notifying you of the discipline record

for _____, a recent applicant to your school.

The above named student had no issues relative to discipline as defined by Section 37; 37L of Chapter 71.

The above named student had issues relative to discipline as defined by Section 37; 37L of Chapter 71. A copy of this discipline record has been attached to this form.

Principal _____

EDUCATION REFORM ACT OF 1993

Section 37, Section 37L of said Chapter 71 of the General Laws, as appearing in the 1990 Official Edition, is hereby amended by adding the following.....

"A student transferring into a local system must provide the new school system with a complete school record of the entering student. Said record shall include, but not be limited to, any incidents involving suspension or violation of criminal acts or any incident reports in which such student was charged with any suspended act."

Fontbonne Academy
 930 Brook Road
 Milton, MA 02186
 TEL 617.615.3014
 FAX 617.696.7688
 admissions@fontbonneacademy.org
 www.fontbonneacademy.org



FONTBONNE
 ACADEMY

Established 1954
 A Ministry of the Sisters of
 St. Joseph of Boston

Application Checklist

- Application Fee of \$30 payable to Fontbonne Academy
- Student Application
- Parent Questionnaire
- Submit Transcript Record Form to your school
- Recommendation Form – Please provide name of recommender: _____

I have registered for the High School Placement Test (HSPT) at : Fontbonne another school

Student Application

Application to Grade (circle one): 9 10 11

Name of Applicant _____ Date of Birth / /
(first) (middle) (last)

Mailing Address _____
Apt. # City State Zip

Home Phone _____ Student Email Address _____

Current Grade ____ Current School _____ City _____

What is your best subject in school and why? _____

In what area do you see your greatest academic challenges? _____

Please describe an activity or experience that has been important in your life _____

Student Essay Questions

Please answer two of the following essay questions, each approximately 250 words on a **separate page in your own handwriting**:

1. Describe your best friend. What characteristics do you share? In what ways are you different? What do you admire most about your best friend?
2. As the Alma Mater at Fontbonne Academy states, we are “women of courage...made strong.” Describe someone you feel is a “woman of courage.” Discuss her accomplishments and what characteristics she displays.
3. Fontbonne Academy promotes social connection in our community through the values of the “Four R’s”: respect, responsibility, reconciliation, and reverence. Choose one of these values and describe how you believe you will grow in that regard.
4. As you embark on your high school years, what will you do to distinguish yourself at Fontbonne Academy?

Student Interests

Following are some athletics, clubs, and activities available to students at Fontbonne Academy. Please check those which you would like to participate in if you were to attend Fontbonne:

Clubs and Activities:

- Admissions Ambassadors
- Anime Club
- Cooking Club
- Creative Writing Club
- French Honor Society
- Good Fountain Players (Drama Club)
- Gospel Choir
- Instrumental Ensemble*
- International Culture Club
- Liturgical Ministers
- Model UN
- National Honor Society
- National Spanish Honor Society
- Peer Education
- Peer Mentors
- Peer Ministry Leadership Council
- Retreat Leaders
- Select Chorus*/Jazz Choir*
- Service & Justice Leadership Council
- Sewing Club
- Ski Club
- Spirit Committee
- STAND (Anti-Genocide Group)
- STEM (Science, Technology, Engineering & Mathematics)
- Student Council
- Yearbook

Athletics:

- Basketball
- Cheerleading
- Cross Country
- Golf
- Ice Hockey
- Indoor Track
- Lacrosse
- Soccer
- Softball
- Tennis
- Track and Field
- Volleyball

*Auditions required, academic course credit earned

Student Signature _____ Date _____