

We have a rolling admissions process, which means that we accept applications all year, space permitting. Inquiries are always welcome, and interviews and tours can be scheduled during office hours from 9:00 AM to 2:30 PM on weekdays. To request materials and information, please call (228) 467-9057 ext. 249 or email us at admissions@ststan.com.

Admissions Process for U.S. Day and Boarding Students

Step 1: Give us a call. For many parents, the first step to applying to Saint Stanislaus begins with a million questions so give us a call and let us answer all of your questions.

Step 2: Stepping onto our campus and meeting faculty and students is the best way to get to know us. We recommend that the application form and all supplemental documents be turned in before the tour and interview, but if you want to meet with us before applying, we are always available for campus visits.

Step 3: Submit the completed Application for Admission, Request for Release of Information, \$100 Application Fee* and the following documents:

- Original or Certified Re-Issued Birth Certificate (for U.S. citizens only)* - Mississippi law requires that we view the original or certified re-issued birth certificate. A copy will not be accepted. We will make a copy of the original or re-issued certificate, re-certify it for our purposes and return it to you.
- Psychological/Educational Evaluation (only if applicable)* – When possible, Saint Stanislaus provides various accommodations for students with certain learning needs. If you indicated on the application that your son has special learning or behavior needs, please provide documentation detailing how your son’s diagnosis manifests itself. This information will help us to determine how we can best help him.
- Custody/Visitation Legal Documents (only if applicable)* – In cases where parents are separated or divorced, please provide proof in the form of a copy of the court order that spells out custody and visitation rights.

*If you are trying to enroll your son at Saint Stanislaus during the current school year, the Registration Fee is due with the Application Fee. The registration fee is non-refundable unless the applicant is denied admission to Saint Stanislaus. Please download the Financial Data Sheet at www.ststan.com for a current schedule of Registration Fee amounts.

Step 4: If you have not already met us in person for an admissions interview, please schedule a campus tour and interview after you submit the Application for Admission. In cases where distance prohibits travel to the school, a Skype interview can be arranged.

Step 5: Once all of the above have been completed, the Saint Stanislaus Admissions Committee will meet to make a decision about an applicant’s admission. After the committee makes its decision, the school will notify the applicant’s parents by mail, phone or email.

Step 6: Upon receiving the news that your son has been accepted, the Registration fee is due if it hasn’t already been paid in order to reserve his place in the upcoming school year. Please refer to the Financial Data Sheet (found at www.ststan.com) for Registration Fee amounts and deadlines.

IMPORTANT: Even though the registration fee reserves a place for a student, he will not be allowed to begin classes until all of the following are submitted:

- Tuition and Fees
- Health Form Part I, II, III and IV
- Immunization Form 121
- General Release
- Emergency Authorization for Medical Care and Emergency Closing Form (These two forms will be sent to the applicant’s parents after he has been accepted and the Registration Fee has been paid.)

Step 7 (Optional): If you would like to apply for financial assistance through our Work Study Program, you may do so after your son has been accepted and after you submit the Registration Fee. You may request a Work Study application from the Finance Office. Work Study Applications are normally due by May 15th. However, if financial aid funds remain after the application deadline, we will continue to accept Work Study Applications until all funds have been dispersed. For more information concerning the Work Study Program, please call the finance office at (228) 467-9057 ext. 256 or send an email to asaucier@ststan.com.

Step 8: Congratulations! You have officially enrolled your son at Saint Stanislaus. Be on the lookout for information in the mail regarding arrival day, uniforms, class schedule and more!



A Catholic day and boarding school for boys in grades 7-12
 "Forming Men of Character since 1854"

APPLICATION FOR ADMISSION

Please print clearly. Complete all information in detail.								
Applying for school year 20____ - 20____		Applying for grade: _____		Applying as: Day Student <input type="radio"/> Resident Student <input type="radio"/> International Student <input type="radio"/>				
Applicant's Full Name	Last	First		Middle		(Jr. III, etc.)	Preferred Name	
	Date of Birth (month/day/year)	Age	Place of Birth		Citizenship		Applicant's Social Security #	
Applicant's Religion	If Catholic, Baptized? Yes <input type="radio"/> No <input type="radio"/>	If Catholic, Confirmed? Yes <input type="radio"/> No <input type="radio"/>	Parish Church (Name, City, and State)					
Father's Full Name	<input type="radio"/> Mr. <input type="radio"/> Dr.	First	Middle		Last	Home Phone () () ()	Work Phone () () ()	
	Home Street Address			E-mail			Fax	
City		State		Zip + four		Country	Cell Phone () () ()	
Occupation		Employer's Name			Employer's City and State			
Mother's Full Name	<input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> Mrs.	First	Middle		Last	Home Phone () () ()	Work Phone () () ()	
	Home Street Address			E-mail			Fax	
City		State		Zip + four		Country	Cell Phone () () ()	
Occupation		Employer's Name			Employer's City and State			
PARENTS ARE: Together <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> CUSTODY: Mother <input type="radio"/> Father <input type="radio"/> Joint <input type="radio"/> Other <input type="radio"/> FATHER REMARRIED: Yes <input type="radio"/> No <input type="radio"/> MOTHER REMARRIED: Yes <input type="radio"/> No <input type="radio"/> APPLICANT LIVES WITH: Both Parents <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Other: _____								
Legal Guardian (If different from parents)	<input type="radio"/> Ms. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Dr.	First	Middle		Last	Home Phone () () ()	Work Phone () () ()	
	Home Street Address			E-mail			Fax	
City		State		Zip + four		Country	Cell Phone () () ()	
Occupation		Employer's Name			Employer's City and State			
Person(s) financially responsible for the Applicant:					Relationship to Applicant:			
Street address		City		State		Zip + four	Home Phone () () ()	Work Phone () () ()

FOR OFFICIAL USE ONLY

Application Fee:	Amount _____	Check #/Cash _____	Date Received _____	Received By _____
Registration Fee:	Amount _____	Check #/Cash _____	Date Received _____	Received By _____

If applicable, complete the following section.

Step-father's Full Name	<input type="radio"/> Mr.	First	Middle	Last	Home Phone	Work Phone
	<input type="radio"/> Dr.				()	()
Home Street Address				E-mail		Fax
City		State		Zip + four	Religion	Cell Phone
						()
Occupation		Employer's Name			Employer's City and State	
Step-mother's Full Name	<input type="radio"/> Ms.	<input type="radio"/> Dr.	First	Middle	Last	Home Phone
	<input type="radio"/> Mrs.					()
Home Street Address				E-mail		Cell Phone
City		State		Zip + four	Religion	
						()
Occupation		Employer's Name			Employer's City and State	

Information for Emergency or Medical Care

Emergency Contact (In case parents or guardians cannot be reached)				Home Phone	Work Phone
				()	()
Relationship to Student:			Email		Cell Phone
					()
Occupation			Employer's Name		Employer's City and State

Insurance Information (Policy Holder)

Secondary Insurance Information

Name of Primary Policy Holder		Name of SECONDARY Policy Holder	
Date of Birth	Social Security #	Date of Birth	Social Security #
ID #	Group #	ID #	Group #
Insurance Company		Insurance Company	
Address		Address	
City	State	Zip + four	City
			State
			Zip + four
Benefits/Claims Phone #		Benefits/Claims Phone #	

Correspondence: How do you wish school correspondence to be addressed?

<input type="radio"/> Mr. & Mrs. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> Other _____	First and Last Name
	Street Address
	City
	State
	Zip + four

Second Address: If parents live apart, please list a second address to which mail may be sent.

<input type="radio"/> Mr. & Mrs. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> Other _____	First and Last Name
	Street Address
	City
	State
	Zip + four

Applicant's Brothers		Applicant's Sisters	
Name	Age	Name	Age
Name	Age	Name	Age

Relatives who attended or are attending Saint Stanislaus or any Brothers of the Sacred Heart schools.

Name	Relationship	School	Class of
Name	Relationship	School	Class of
Name	Relationship	School	Class of

School History

Current School: Private Public Boarding

Address	City	State	Zip + four
Principal		Telephone	

Previous Schools:

Name of School	City, State	Years in Attendance

Academic & Discipline History

Has Applicant been placed on probation, suspended, expelled or not allowed to return to any school? Yes No

Has Applicant been placed on probation to a court? Yes No

Does Applicant have any type of substance abuse record? Yes No

Check if Applicant has been diagnosed with: ADD ADHD Dyslexia Bi-Polar ODD Other

If Applicant has been diagnosed with any of the above, please attach a copy of an official evaluation/diagnosis to this application that is no more than three years old.

If any of the above applies to Applicant, please explain here:

Extracurricular Interests

Please check each activity below in which your son/ward either has experience or in which he may want to participate. In the space provided, please explain the extent of that experience and any awards, honors, recognition, etc. for each:

Altar Boys	<input type="checkbox"/>	Fellowship of Christian Athletes	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Tennis	<input type="checkbox"/>
Band	<input type="checkbox"/>	Football	<input type="checkbox"/>	Radio Club	<input type="checkbox"/>	Track and Field	<input type="checkbox"/>
Baseball	<input type="checkbox"/>	Golf	<input type="checkbox"/>	Robotics	<input type="checkbox"/>	Varsity Quiz Bowl	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	Key Club	<input type="checkbox"/>	Sailing	<input type="checkbox"/>	Yearbook	<input type="checkbox"/>
Cheerleaders	<input type="checkbox"/>	Magic Club	<input type="checkbox"/>	Scuba Club	<input type="checkbox"/>	Youth Legislature	<input type="checkbox"/>
Cross Country	<input type="checkbox"/>	Math Club	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Other	<input type="checkbox"/>
Debate	<input type="checkbox"/>	Mock Trial	<input type="checkbox"/>	Student Council	<input type="checkbox"/>		
Drama / Theatre	<input type="checkbox"/>	National Honor Society	<input type="checkbox"/>	Swimming	<input type="checkbox"/>		

Why do you want your son to attend Saint Stanislaus?
How did you find out about Saint Stanislaus?
Please list any special instructions regarding custody or visitation. In cases where parents are separated or divorced, please attach a copy of the court order that spells out both custody and visitation rights.
Please describe any special health or learning needs of your son.

Please include any additional relevant information on a separate sheet.

<p>I hereby apply to register my son/ward as a student at Saint Stanislaus.</p> <p>I understand that the registration fee is NON-REFUNDABLE. I agree to the timely payment of all fees and expenses. We understand that students are not allowed to take quarter or semester exams if their accounts are not paid in full and/or that school records, report cards or diplomas may be withheld for the same reason. If my son/ward withdraws or is dismissed for any reason, I agree to pay all outstanding charges including all departure fees outlined in the Financial Data Sheet.</p> <p>I give him permission to participate in any inter-school or intra-school curricular, co-curricular, or athletic event in which he is a member of a Saint Stanislaus activity, organization, or team. I understand that such events may take place away from the school campus and that my son/ward will be under the supervision of a designated school employee.</p> <p>I understand that these activities may, among other things, involve the taking and circulation of group and/or individual photographs.</p> <p>I have read and agree to the above as signified by signatures below.</p>		
Print Name of Applicant	<p>MUST ATTACH RECENT PHOTO HERE</p>	
Signature of Applicant X		Date
Print Name of Parent/Guardian		Date
Signature of Parent/Guardian X		Date
Print Name of Parent/Guardian		Date
Signature of Parent/Guardian X		Date

Form No. 121 Certificate of Immunization Compliance

Name of Child/Student/Employee _____ Birthdate _____

Name of Parent _____

Address _____
Street City State Zip

Vaccine	Date Each Dose Was Given				
	1st	2nd	3rd	4th	5th
Pneumococcal					
Varicella					
DTaP/DT/Td/Tdap					
Hib					
Polio					
MMR					
Hep B					
Other					
Other					

Check here if prior history of chicken pox Medical Exemption Form 122 attached

The individual named above has met the immunization requirements for attendance or employment in a Mississippi child care facility or entry into a Mississippi public or private school, college, or university.

Please check (✓) one box only

- Complete Until School Entry
- Complete for school, university/college, work requirements
- Temporarily compliant-next immunization is due _____
Month Day Year
- Record in transit, valid until _____
Month Day Year

Date of serological confirmation of immunity

*Measles _____ / _____ / _____
Month Day Year

*Rubella _____ / _____ / _____
Month Day Year

*Mumps _____ / _____ / _____
Month Day Year

**Serological testing for the above are the only acceptable titers that will be allowed for child care and school entry for those who are not fully immunized.*

Print or Stamp Name of Facility

Signature and Title of Issuing Individual

_____/_____/_____
Month Day Year

Hib and Pneumococcal vaccines are only required for child care.





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REQUEST FOR RELEASE OF INFORMATION

I, the undersigned, do hereby request that you release to Saint Stanislaus an official copy of the following school records for my son,

(Name of Student)

Please supply as much of the following information as possible:

- Grades and credits received for the current year AND the previous two years
- Discipline record for the current year AND the previous two years
- Most recent standardized test scores
- Recommendation Form filled out by a teacher, counselor or principal
- Psycho-Educational Evaluation if applicable

I also allow Saint Stanislaus to contact you by phone, email, fax or mail to request any other information concerning my son's academic and discipline history.

A prompt response to this request is appreciated.

PARENT/GUARDIAN SIGNATURE

DATE

**Please fax or Email the requested information to the
Saint Stanislaus Admissions Office at (228) 466-2972 or
admissions@ststan.com.**

For Saint Stanislaus Office Use Only			
Attempt	#1	#2	#3
Sent To			
Fax #			
Date Sent			