



SHATTUCK-ST.MARY'S

1000 Shumway Avenue • P.O. Box 218
Faribault, Minnesota 55021 • 800-421-2724 • www.s-sm.org

General Information

recent
photograph
of
candidate
(optional)

Instructions:

- Carefully and legibly complete this form and submit it to Admissions Office, Shattuck-St. Mary's, P.O. Box 218, Faribault, Minnesota 55021-0218. After you have completed this form, fill out the applicant questionnaire and distribute the recommendation forms to the appropriate individuals.

Applicant Information

First Name	Middle Name	Family Name	Preferred Name or Nickname		
Home Address		City	State/Province	Country	Zip/Postal Code
<input type="checkbox"/> Male	Age	Date of Birth (MO/Day/Year)	Country of Birth	Country of Citizenship	
Social Security Number (optional)		Preferred e-mail address			
Primary Telephone (include country, city, and area codes)			Fax Number (include country, city, and area codes)		
Month / Year of Proposed Entrance	Current grade	Applying for Grade	Resident Status	<input type="checkbox"/> Boarding <input type="checkbox"/> Day	

Family Information

Parent/Guardian (Father) Are you or any member of your family a graduate of SSM? _____

Name	Occupation	Name of Company			
Home Address	City	State/Province	Country	Zip/Postal Code	
Business Address	City	State/Province	Country	Zip/Postal Code	
Business Telephone (include country, city, and area codes)		Home Telephone (include country, city, and area codes)			
Business Fax Number (include country, city, and area codes)		Preferred e-mail address			

Parent/Guardian (Mother) Are you or any member of your family a graduate of SSM? _____

Name	Occupation	Name of Company			
Home Address	City	State/Province	Country	Zip/Postal Code	
Business Address	City	State/Province	Country	Zip/Postal Code	
Business Telephone (include country, city, and area codes)		Home Telephone (include country, city, and area codes)			
Business Fax Number (include country, city, and area codes)		Preferred e-mail address			

International Student Contact Information (Non-U.S. Residents *only*, are **required** to complete the following section.)

We are seeking a U.S. based contact for students attending Shattuck-St. Mary's from other countries. This person would be someone we communicate with, as needed, to assist the International student.

Name	Occupation	Relationship to Applicant			
Home Address	City	State/Province	Country	Zip/Postal Code	
Primary Telephone (include country, city, and area codes)	Fax Number (include country, city, and area codes)	Preferred e-mail address			

General Information

Name of student _____

Applicant lives with? Father Mother Both Other _____

Where should admission materials be sent? Father Mother Both Other _____

Where should bills be sent? Father Mother Both Other _____

Check if appropriate: Father Deceased Parents Divorced Father Remarried Living Outside U.S.
 Mother Deceased Parents Separated Mother Remarried

If parents are divorced or separated, who has legal custody of the applicant? _____

How did you learn about Shattuck-St. Mary's School? _____

Would you like to apply for need-based financial assistance? Check here to receive the necessary forms when available. Yes No

Are you applying to other independent schools? Yes No

If yes, please list: _____

First language, other than English _____ Language spoken in the home _____

Declaration of ethnicity (optional) _____

Information about siblings (use additional sheets if necessary).

Name Age School

Name Age School

Name Age School

Education

Present School

- Boarding
- Independent
- Private/parochial
- Public

School Name Dates of Attendance

Address City State/Province Country Zip/Postal Code

Head of School or Counselor Telephone Fax Number

Other schools attended in the past three years

School Name City State/Province Dates of Attendance

School Name City State/Province Dates of Attendance

Signatures

Signature of Applicant *Date*

Signature of Parent or Guardian *Date*

\$50.00 U.S. / Canada / Mexico; \$100.00 International