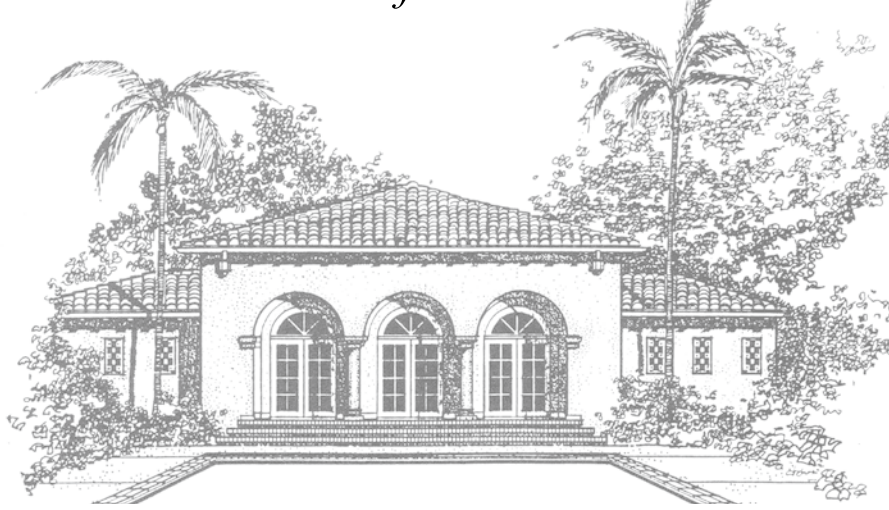


Marymount *of Santa Barbara*



knowledge, values, community

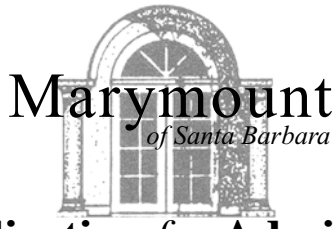
Application *for* Admission

Marymount of Santa Barbara Mission Statement

Marymount prepares students to fulfill their academic, moral, physical, and creative potential.

An independent school with a Catholic tradition, we welcome families of all faiths.

We cultivate in each student a lifelong passion for learning and instill confidence, courage, integrity, and responsible citizenship.



Marymount *of Santa Barbara*

Application for Admission

A non-refundable fee of \$100 must accompany this form.

Date of Application _____ Application must be received by February 15th.

Applicant's name _____ Nickname _____

Home address _____

Age _____ Date of birth _____ Current grade _____ Applying for grade _____ Academic Year 20 _____

Present school and address _____

_____ Telephone number _____

Previous school attended _____

Ethnicity

- Caucasian African American Latino/Hispanic American Asian American Native American
- Middle Eastern American Multiracial American Pacific Islander American International

FAMILY INFORMATION

Father's name _____ Mother's name _____

Address _____ Address _____

Employer _____ Employer _____

Position _____ Position _____

Business address _____ Business address _____

Business telephone _____ Business telephone _____

Home telephone _____ Home telephone _____

Cellular telephone _____ Cellular telephone _____

Schools and colleges attended _____ Schools and colleges attended _____

Civic and professional involvement _____ Civic and professional involvement _____



- Parents are Married Separated Divorced Single Parent
- Mother remarried Father remarried Mother deceased Father deceased

Name of Stepmother/Stepfather _____

Other circumstances _____

Applicant resides with _____

Financial responsibility for applicant will be assumed by _____

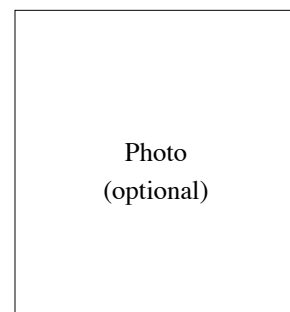
Address _____

Family siblings (names, birth dates, and present school) _____

Friends or relatives who have attended Marymount of Santa Barbara _____

How did you learn about Marymount? _____

Please attach a recent photograph of applicant.





What are the first three words that come to your mind when describing your child?

Please share your child's special interests, hobbies or talents. _____

(For second through eighth grade applicants only.) What are his/her favorite subjects in school? _____

Does your family speak a language other than English in the home? _____

Please use this space to share any additional information about your child that you would like us to know.

Would you like us to send you a financial aid package? Yes
(Applying for financial aid has no bearing on admission decisions.)

Signature of parent/guardian

The school does not discriminate on the basis of gender, race, or religion in the administration of its education, hiring, financial aid, athletic or other school programs.

Please return application to:
Admission Office
Marymount of Santa Barbara
2130 Mission Ridge Road
Santa Barbara, California 93103
Tel: (805) 569-1811 x 131
Fax: (805) 569-0573
www.marymountsb.org