



San Marcos Academy Admissions Procedures and Checklist For Lower School

Thank you for your interest in San Marcos Academy. We welcome your application for admission to our school. A completed application to the Lower School at San Marcos Academy (grades K-5) consists of the following items:

- ✓ Application for admission and report of medical history, completed and signed by the custodial parent.
- ✓ A \$150.00 non-refundable application fee.
- ✓ A school transcript of grades with achievement and/or I.Q. test results (if available) or a copy of the most recent report card.
- ✓ A teacher evaluation from the school last attended for Grade 1-5 applicants.
- ✓ A personal interview with the parent(s) is required prior to final acceptance. A student interview is not required, but may be requested by the Admissions Committee.
- ✓ A student tour for all applicants is encouraged on one of our designated "Tour Days." Please call the Admissions Office (512-753-8000) to schedule your tour.
- ✓ A copy of the student's birth certificate.

Online Application Submission

1. From the home page of our website (<https://smabears.org>) locate the purple "Apply Now" button or navigate to our admissions page at <https://smabears.org/admissions>.
2. Click on the "Online Application Portal" box to use our online application. There you may create a family account and start a New Student Application for your child. You will then have the flexibility to log in and out of your account and access your open application until it is completed.
3. After submitting the application and medical history, you will be able to track online your admission status at the school by logging in to your account. There you will be able to print the completed application and monitor when the school receives supplemental application forms, such as recommendation forms and transcripts.
4. You will be asked to provide an email addresses for the required teacher recommendation. The teacher will receive a link to the recommendation that allows them to complete and submit the form online. Once the recommendation is submitted, you will receive an email confirmation.
5. Scan and upload copies of the applicant's most recent report card and/or school transcripts. *Official transcripts from the school are not required at this time.* You can also scan and upload any standardized or achievement test reports or other educational testing results.

6. Scan and upload a copy of the student's birth certificate. Additional documentation, such as custody documents may also be scanned and uploaded. A recent photo of the student is requested as well.
7. The \$150 non-refundable application fee can be paid online via Smart Tuition at this link: <https://bngn.smarttuition.com/?id=mux1jtrlgtw#/home>
8. The application fee may also be paid by check, made out to San Marcos Academy.

Note: Those who prefer not to use our online application may print copies of the required forms and a checklist from our Admissions page: <https://www.smabears.org/admissions>

Appointment for Personal Interview

A personal interview with the parent(s) is required prior to final acceptance. Please contact the admissions office (512-753-8000 or admissions@smabears.org) at any point during the application process to schedule your interview at 9 a.m., 10 a.m. or 11 a.m. Monday-Thursday.

Notification

Applications are accepted year round. When the application process is complete, the Admissions Committee will meet to consider the applicant. Parents will be notified of their decision, usually within one week. If the student is accepted, an agreement for admission will be sent along with a request for a deposit. Day students pay a non-refundable deposit of \$100.00. All deposits are applied to the total program cost.

Questions? Contact Us!

If you have questions at any point in the application process, we encourage you to contact our office by phone or email.

<https://www.smabears.org/admissions>
San Marcos Academy Office of Admissions
2801 Ranch Road 12 * San Marcos, Texas 78666
512-753-8000 (office) * 512-753-8031 (fax)
admissions@smabears.org * <https://smabears.org>

Founded in 1907, San Marcos Academy is a fully accredited coeducational college prep boarding and day school. Students are accepted without regard to faith, race, nationality or ethnic origin.



San Marcos Academy

Lower School (K-5) - Application for Admission

Applying for Grade _____ Date: _____

How did you hear about SMA? _____

Were you referred by someone? If so, who? _____

STUDENT INFORMATION:

_____	_____	_____	_____
Last Name	First	Middle	Preferred Name or Nickname
_____			_____
Home Address/Number/Street			Social Security Number
_____	_____	_____	_____
City	State/Province	Country	Zip/Postal Code
_____		_____	_____
Date of Birth (Month/Day/Year)		Country of Birth	Country of Citizenship
_____	_____	_____	_____
Gender	Age	Current Grade	Grade Applying for
			Ethnicity

FAMILY INFORMATION:

____ *Father* ____ *Stepfather*

_____	_____	_____	_____
Last Name	First	Middle	
_____			_____
Home Address/Number/Street			Social Security Number
_____	_____	_____	_____
City	State/Province	Country	Zip/Postal Code
_____		_____	_____
Employer		Occupation	E-mail Address
(____)_____	(____)_____	(____)_____	(____)_____
Home Phone	Cell Phone	Business Phone	Fax Number

____ *Mother* ____ *Stepmother*

_____	_____	_____	_____
Last Name	First	Middle	
_____			_____
Home Address/Number/Street			Social Security Number
_____	_____	_____	_____
City	State/Province	Country	Zip/Postal Code
_____		_____	_____
Employer		Occupation	E-mail Address
(____)_____	(____)_____	(____)_____	(____)_____
Home Phone	Cell Phone	Business Phone	Fax Number

Applicant lives with: ___Father ___Mother ___Both ___Other _____

To whom should financial statements be sent? ___Father ___Mother ___Both ___Other _____

Check if appropriate: ___ Father is Deceased ___ Mother is Deceased ___Parents Divorced ___ Parents Separated
___Father Remarried ___Mother Remarried ___ Student is Adopted ___ Parents living outside of U.S.

If parents are divorced, separated, or deceased, who has LEGAL CUSTODY of the applicant? _____
Please provide copies of custody documents

If parents are divorced, what legal rights does the non-custodial parent have? _____

Identify others who have legal rights pertaining to the applicant and specify rights.

Name _____ Rights _____

Name _____ Rights _____

Applicant's Religion/Denomination: _____ Applicant's Church Membership _____

Does applicant have relatives who graduated from San Marcos Academy? ___Yes___ ___No___ If yes, whom?

Name of Relative (if more than one, use additional sheet) Relationship to student Date Graduated

EMERGENCY CONTACT: (If unable to contact parent/guardian, whom should we contact?)

Name Relationship to Student

Address/number/street City State Zip code

(____) _____ (____) _____ (____) _____
Home Phone Cell Phone Business Phone E-mail Address

SIBLING INFORMATION:

Name Age School

Name Age School

EDUCATION:

Most Recent School Attended:

Name of School Phone Number Dates of Attendance

Address City State/Province Zip/Postal code

Previous Schools

Name of School City State/Province Dates of Attendance

Name of School City State/Province Dates of Attendance

Would you be interested in our before-school care program (7:00-7:30 a.m.)? Yes No

Would you be interested in our after-school care program (3:30-5:30 p.m.)? Yes No

Has student EVER been involved in any activity that led to an investigation by school or other civil authorities, or has student EVER been involved in circumstances or with habits adverse to good conduct? ***This question must be answered and will be treated confidentially. False or misleading information, if later revealed as such, constitutes grounds for dismissal.***

Yes No If "yes, please explain in detail below. Use additional sheet if necessary.

PERSONAL INTEREST INFORMATION (to be completed by the parent)

What are your child's strengths and weaknesses? (Please comment on social characteristics: e.g., self-reliance, sense of humor, ability to mix, shyness, assertiveness, etc.)

Include any particular concerns of which the school should be aware: e.g., Has your child experienced any difficult challenges or personal setbacks in recent years? Are there any medical conditions of which we should be made aware?

Please make any additional comments about your child which you feel may be helpful to us.

Parent/Guardian signature

Date

San Marcos Academy

REPORT OF MEDICAL HISTORY/EMERGENCY FORM

2801 Ranch Road Twelve, San Marcos, Texas 78666-9406 Phone: (512) 753-8030 Fax: (512) 753-8031

Student Name _____ **Date of Birth** _____
Last First Middle

Home Address/Number/Street _____ City _____ State _____ Zip Code _____

Have you attended SMA before? Yes No Sex: Male Female SS# _____

HEALTH INSURANCE:

_____ () _____
Name of Company Group Number Policy Number Telephone #

MEDICAL PROBLEMS: _____

Medications: _____

Allergies: _____

PARENT/GUARDIAN CONTACT INFORMATION

Student lives with: Father Mother Both Other _____

Check if Appropriate: Father Deceased Mother Deceased Parents Divorced Parents Separated
 Father Remarried Mother Remarried Student is adopted
 Father living outside of U.S. Mother living outside of U.S.

Parent Name or Person who has **LEGAL CUSTODY** of student:

Name:

_____ Last First Middle

Home Phone () _____ Business Phone () _____ Cell Phone () _____

Relationship to student _____ Fax () _____

EMERGENCY CONTACT: (if unable to contact parent/guardian, whom should we contact?)

_____ Name Relationship to Student

_____ Address/Number/Street City State Zip code

Home Phone () _____ Business Phone () _____ Cell Phone () _____

I hereby authorize any official representative of San Marcos Academy to admit or sign the papers necessary to admit the above named individual to any hospital or emergency care unit when deemed necessary by Academy personnel. I also authorize the administration of immunizations, skin tests or medical/drug tests that may be recommended by the Academy physician or Academy personnel. I further agree to be responsible for any and all costs resulting from such admission and administration of immunizations, skin tests, or medical/drug tests.

Date: _____ Signature of Parent/Legal Guardian _____

FAMILY HISTORY:

	Name	DOB	State of Health	Age at Death	Cause of Death
Father					
Mother					

PERSONAL HISTORY: Please answer all questions. Use space below for comments.

Have you Had:	Yes	No		Yes	No
Scarlet Fever			Allergies		
Measles			Penicillin		
German Measles			Sulfonamides		
Mumps			Serum		
Chicken Pox (month/year)			Foods (which)		
Malaria			Other:		
Gum or Tooth Trouble			High or Low Blood Pressure		
Diabetes			Rheumatic Fever/Heart Murmur		
Eye Trouble			Weakness/Paralysis		
Ear, Nose, Throat Trouble			Disease or Injury of Joints		
Surgery:			Jaundice		
Appendectomy			Stomach or Intestinal Trouble		
Tonsillectomy			Gallbladder Trouble/Gallstones		
Hernia Repair			Recurrent Diarrhea		
Other:			Ruptured Hernia		
Insomnia			Recent Gain/Loss of Weight		
Frequent Anxiety			Dizziness/Fainting		
Depression			Kidney Stones		
Recurrent Headaches			Kidney Disease		
Recurrent Colds			Albumin/Sugar Urine		
Head Injury w/Unconsciousness			Frequent urination		
Epilepsy/Convulsions			Skin issue, such as Psoriasis		
Asthma			Mononucleosis		
Tuberculosis			Scoliosis		
Shortness of Breath			FEMALES ONLY: Irregular Periods		
Pain/Pressure in Chest			Severe Cramps		
Chronic Cough			Excessive Flow		
Palpitations (heart)			Other:		

The purpose of this section is to assess whether or not San Marcos Academy can support your student’s learning:

A. Has the student’s physical activity been restricted during the past five years? Explain.

- B. Has the student had any illness, injury or been hospitalized in the past five years? Explain.**
- C. Has the student had difficulty with school, studies, or teachers? Explain.**
- D. Is the student currently taking any prescription medication? If so, please list.**
- E. Has the student received a psychological evaluation, a psychiatric evaluation, or a special education evaluation? Explain.**
- F. As a result of the evaluation, is there a current treatment plan, including medication? Explain.**

San Marcos Academy

ADMISSIONS OFFICE
2801 Ranch Road Twelve
San Marcos, Texas 78666-9406
admissions@smabears.org

TELEPHONE:
(512) 753-8000

FAX:
(512) 753-8031

TEACHER EVALUATION

NAME OF APPLICANT _____ CURRENT GRADE _____

Academic Evaluation: (Please check appropriate rating)

	Limited	Fair	Average	Good	Excellent
Academic Potential					
Academic Achievement					
Attention Span					
Classroom Conduct					
Self-Confidence					
Fulfills Responsibilities					
Maturity in Terms of Age/Grade					
Leadership Potential					
Respect for Teachers					
Respect for Peers					

Please give us your candid opinion of the above named applicant. We wish to know his/her work habits, motivations, and general character. What are his/her best qualities? What are his/her weakest qualities? What can we do to help him/her achieve success? (For more space, please use the back of this sheet.)

Name of Teacher: _____ School: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone: _____

Thank you for your assistance. Please return the completed form to the San Marcos Academy Admissions Office by regular mail, email or fax.