



# San Marcos Academy Admissions Procedures and Checklist For Middle and Upper School

Thank you for your interest in San Marcos Academy. We welcome your application for admission to our school. A completed application to the San Marcos Academy Middle and Upper School (grades 6-12) 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).
- ✓ Two teacher evaluations from the school last attended: one from the student's English teacher and one from the student's math or science teacher.
- ✓ A personal interview & campus visit with the applicant and parent(s) is required prior to final acceptance. The interview may be waived or modified for out-of-state and international students.
- ✓ A copy of the student's birth certificate. International students must also submit a copy of their passport.

## 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://www.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 email addresses for the required teacher recommendation(s). Teachers will receive a link to the recommendation that allows them to complete and submit their 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 and, for international students, a copy of the student's passport. Additional documentation, such as custody documents and

JROTC certificate of training 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=mux1jtrlgw#/home>**

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 applicant and parent(s) is required prior to final acceptance. Please contact the admissions office (512-753-8000 or [admissions@smabears.org](mailto:admissions@smabears.org)) at any point during the application process to schedule your interview at 9 a.m. or 2 p.m. on any weekday. *Note: The interview may be waived or modified for out-of-state and international students.*

## **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. U.S. boarding students pay a non-refundable deposit of \$500.00 while day students pay a non-refundable deposit of \$100.00. International students must pay a deposit of \$2500.00 in order for the Academy to issue an I-20 (\$500 is non-refundable should the student fail to acquire a visa) 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](mailto: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

## Middle/Upper School Application for Admission

Applying to Grade: \_\_\_\_\_

Applying for \_\_\_\_ Fall \_\_\_\_ Spring Semester of \_\_\_\_\_ (year)

Applying to be a \_\_\_\_ Boarding (5-day) \_\_\_\_ Boarding (7-day) or \_\_\_\_ Day Student

How did you hear about SMA? \_\_\_\_\_

Were you referred by someone? If so, who? \_\_\_\_\_

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### APPLICANT 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	student 1 <sup>st</sup> language	Current Grade	Grade Applying for	Ethnicity

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### FAMILY INFORMATION:

\_\_\_\_ *Father* or \_\_\_\_ *Stepfather*

_____	_____	_____	_____	_____
Last Name	First	Middle	Drivers License Number/State	
_____			_____	
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* or \_\_\_\_ *Stepmother*

_____	_____	_____	_____	_____
Last Name	First	Middle	Drivers License Number/State	
_____			_____	
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

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**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

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***Sibling Information***

\_\_\_\_\_  
Name      Age      School

\_\_\_\_\_  
Name      Age      School

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**For International Students:**  
***Stateside Guardians or Sponsors***

\_\_\_\_\_  
First Name      Middle      Last      Drivers License Number/State

\_\_\_\_\_  
Home Address/Number/Street      Social Security Number

\_\_\_\_\_  
City      State/Province      Country      Zip/Postal Code

\_\_\_\_\_  
Employer      Occupation

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone      Cell Phone      Business Phone      E-mail Address

**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

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. Use additional sheet if necessary.

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Present Scholastic Average:     90-100     80-90     70-80     below 70

If English is not your first language, please submit your most recent TOEFL score/report (grades 9-12) or TOEFL, Jr. score/report (grades 6-8). Please contact us if you desire to submit alternative test scores or if you cannot submit a test score.

Has student ever received credit for any part of Junior ROTC?  (Yes)  (No)    If **Yes**, attach certificate of training.

Has applicant ever attended San Marcos Academy before?  (Yes)  (No)    If **Yes**, when? \_\_\_\_\_

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**PERSONAL INTEREST INFORMATION (to be filled out by student):**

Describe your participation in school activities (clubs, school offices, volunteer groups, the arts, athletics, etc.) List any awards or honors received.

Describe your participation in hobbies, activities, and groups not associated with school (camps, community service, jobs, travel). List any awards or honors received.

Describe a person you admire or who has influenced you a great deal.

What makes you the interesting person that you are?

Why are you applying to San Marcos Academy?

What do you hope to gain from attending San Marcos Academy?

What reading have you enjoyed most in the past year?

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Applicant's signature

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Date

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Parent/Guardian signature

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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

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**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:** \_\_\_\_\_

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### 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
<b>Father</b>					
<b>Mother</b>					

**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			<b>FEMALES ONLY:</b> 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

TELEPHONE:  
(512) 753-8000

FAX:  
(512) 753-8031

## ENGLISH TEACHER'S 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: \_\_\_\_\_

# San Marcos Academy

ADMISSIONS OFFICE  
2801 Ranch Road Twelve  
San Marcos, Texas 78666-9406

TELEPHONE:  
(512) 753-8000

FAX:  
(512) 753-8031

## MATH/SCIENCE TEACHER'S 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: \_\_\_\_\_