



# Mary Seat of Wisdom Academy Admissions Application 2025-2026

Submit completed application to: [office@mswwichita.org](mailto:office@mswwichita.org).

## STUDENT INFORMATION

**FULL NAME:** \_\_\_\_\_  
First Middle Last

**NICKNAME (IF APPLICABLE):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_  
City State Zip Code

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SEX:** M  F  **CURRENT GRADE:** \_\_\_\_\_

**CURRENT SCHOOL:** \_\_\_\_\_

**PREVIOUSLY ATTENDED SCHOOLS:**

List each school along with grade(s) attended

\_\_\_\_\_  
\_\_\_\_\_

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

**NAME OF PASTOR:** \_\_\_\_\_

**SACRAMENTS RECEIVED:**  Baptism  Reconciliation  Communion  Confirmation

*Mary Seat of Wisdom Academy does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.*

**PARENT/GUARDIAN INFORMATION**

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

**RELATIONSHIP TO STUDENT:**  Father  Mother  Other: \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_

City State Zip Code

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_

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

**RELATIONSHIP TO STUDENT:**  Father  Mother  Other: \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_

City State Zip Code

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_

**ACCOMMODATIONS**

**FINANCIAL ASSISTANCE:**

Note: No fees are due until registration. Scholarship request forms must be on file prior to the registration deadline to be considered. Financial assistance is based on need and is not guaranteed.

No financial assistance required  We intend to apply for a scholarship

**OTHER ACCOMMODATIONS NEEDED:**

(medical, academic, or other)

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**PARENT/GUARDIAN QUESTIONNAIRE**

Why do you want your child to attend Mary Seat of Wisdom Academy?

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What special interests or skills (academic or non-academic) does your child have?

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What are your child's academic strengths?

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Describe your family's involvement in your parish:

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## STUDENT QUESTIONNAIRE

Note: The student questionnaire must be completed by the student. If more space is needed, you may attach additional pages with the responses.

What book would you recommend to your future classmates, and why?

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What extracurricular activities do you enjoy?

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Describe your ideal school experience:

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What does a Catholic classical education mean to you?

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