



# San Marcos Academy

## Admissions Procedures and Checklist

Thank you for your interest in San Marcos Academy. We welcome your application for admission to our school. A completed application to San Marcos Academy 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) for Grade 6-12 applicants or a copy of the most recent report card for Grades 4-5 applicants.
- ✓ 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. For Grades 4-5 applicants, a recommendation from the current teacher is sufficient.
- ✓ 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>) click on 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=ef5033r4zlv#/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 admissions 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

## Application for Admission (Grades 6-12)

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

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

\*Referred by: \_\_\_\_\_

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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                      Age                      Current Grade                      Grade Applying                      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



**EDUCATION:**

***Present School***

\_\_\_\_\_  
Name of School \_\_\_\_\_  
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.***

\_\_\_ NO \_\_\_ YES. If "yes, please explain in detail. Use additional sheet if necessary...

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

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

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



**FAMILY HISTORY:**

	Name	Age	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			Venereal Disease		
Head Injury w/Unconsciousness			Albumin/Sugar Urine		
Epilepsy/Convulsions			Frequent urination		
Asthma					
Tuberculosis			FEMALES ONLY		
Shortness of Breath			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 Baptist 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: \_\_\_\_\_

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ADMISSIONS OFFICE  
2801 Ranch Road Twelve  
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## 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: \_\_\_\_\_