



Monsignor Donovan Catholic High School 2012-2013 Academic School Year

Please fill in all of the information requested completely and legibly.

Please attach a recent photo of the applicant here

Applicant Information

Name of Applicant: _____
Last First Middle

Does this applicant have any other last name, which might appear on school records? ___Yes ___No

If yes, please indicate name: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Parent E-mail address: _____

Applicant's Social Security Number: _____

Applying to Grade: _____ Applicant's Date of Birth: ____/____/____
Month Day Year

Religious Affiliation: _____ Church: _____

If a language other than, or in addition to, English is spoken at home, please indicate: _____

Country of citizenship: Mother _____ Father _____ Applicant _____

For statistical purposes, how should the applicant be identified (optional):

Asian American American Indian African American Hispanic American Caucasian Other

Religious Information of Applicant (if Catholic):

Baptism _____ / _____ First Communion _____ / _____
Date Parish Date Parish

First Reconciliation _____ / _____ Confirmation _____ / _____
Date Parish Date Parish

Parent/Guardian Information

Mother/Guardian

Mother's Name: Dr. Mrs. Ms. Other _____

Home Address: (if different than applicant's) _____

Telephone: _____ Cell: _____

Occupation: _____ Company: _____

Business Telephone: _____ Business E-mail: _____

Father/Guardian

Father's Name: Dr. Mr. Other _____

Home Address: (if different than applicant's) _____

Telephone: _____ Cell: _____

Occupation: _____ Company: _____

Business Telephone: _____ Business E-mail: _____

List all schools applicant attended beginning with kindergarten through present school:

Siblings

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Parents are:

____ residing together ____ divorced ____ separated ____ deceased: ____ mother ____ father

Applicant resides with: (Check all that apply)

____ mother ____ father ____ stepfather ____ stepmother ____ grandparents ____ guardian

Send all correspondence to:

____ Home Address of Applicant ____ Father's Business Address ____ Mother's Business Address

Who has legal custody of the applicant? ____ Both Parents ____ Mother ____ Father ____ Other: specify _____

Financial obligations will be assumed by: parent's father mother guardian

Has the student ever been retained (held back) in any grade level?

() No () Yes (If yes, please attach an explanation.)

Has the student applicant ever been placed on probation, suspended, expelled, or not allowed to return to any school?

() No () Yes (If yes, please attach explanation)

Has the applicant ever been tested or counseled by a psychologist or psychiatrist? () No () Yes

(If yes, copies of all educational/psychological evaluation must be submitted with this application)

Does this applicant require any accommodations or modifications (physical or instructional) in order to be successful in the regular sitting classroom? () No () Yes (If yes, please attach explanation)

Why do you want to send your son or daughter to Monsignor Donovan Catholic High School? (Please attach explanation)

I have read and understand this application, and I further certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing to the principal any changes contained herein even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy of any information herein, or omission of information requested herein, the school reserves the right to revoke admission of this applicant. I waive any right of access to all information from any source in conjunction with my child's application to Monsignor Donovan Catholic High School.

Signature of Applicant Date

Signature of Parent/Guardian Date