

Monsignor Donovan Catholic High School



APPLICATION For 2010-2011

590 Lavender Road
Athens, Georgia 30606-1114
Tel: 706-433-0223
Fax: 706-433-0229
www.mdchs.org

Non-Discrimination Policy

Monsignor Donovan Catholic High School shall admit students of any race, color, sex, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students. Monsignor Donovan Catholic High School shall not discriminate on the basis of race, color, nationality and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic or other school-administered programs.

Applicant Name

**Picture
of
Applicant**

Application for Admission: Monsignor Donovan Catholic High School 2010-2011 Academic School Year

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

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: _____

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: ____/____/____ Applicant's Religion: _____
Month Day Year Is the applicant practicing? ___ Yes ___ No

Cultural Heritage of Applicant: Please check all that apply.

___ Asian American ___ American Indian
___ African American ___ Hispanic American
___ Caucasian ___ Other _____

U.S. Citizen? ___ Yes ___ No

If no, visa status _____

Religious Information of Applicant (If Catholic):

Baptism _____ / _____
Date Parish

First Reconciliation _____ / _____
Date Parish

First Communion _____ / _____
Date Parish

Confirmation _____ / _____
Date Parish

Parent/Guardian Information:

Parents are:
___ residing together ___ divorced ___ separated ___ deceased: ___ mother ___ father

Applicant resides with: (Check all that apply)

___ mother ___ father ___ stepfather ___ stepmother ___ grandparents ___ guardian

(over)

Academic & Behavior Record:

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 an explanation.)

Medical History:

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.)

Indicate by check any of the following that apply or have applied in the past:

- | | | |
|---|---|---|
| <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Speech/Language Disorder |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Behavior Disorder |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Emotional Disorder |

Prescription medication currently taking:

Describe any intervention services (including glasses, special aides, etc.) for any of the above. Include any medical information and/or problems and/or required accommodations of which the school should be aware:

Why do you want to send your son or daughter to Monsignor Donovan Catholic High School?

Statement of Accuracy and Authenticity

I have read and understood 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

Signature of Parent/Guardian

Date

