

Student Name: _____

Last Name

First Name

Middle Name



APPLICATION FOR ADMISSION 2009-2010

Please submit your completed application along with the following documents to the Admissions Office.

- 7th grade report card and attendance record
- 8th grade report card (1st and 2nd quarter grades) and attendance record
- 7th grade standardized test scores (CSAP, ITBS, etc)
- Three letters of recommendation (forms are included with this application) one from each of the following areas:
 1. 8th grade Language Arts/English Teacher
 2. 8th grade Math Teacher
 3. Current Principal or Counselor
- A copy of the applicant's birth certificate
- A copy of the applicant's Social Security card
- A copy of the applicant's updated immunization records
- A copy of the parents' most recently completed tax forms

ADMISSIONS DEADLINES

- Applicants meeting the initial entrance qualifications will be interviewed, along with their parents or guardians. Final decisions regarding the applicants' acceptance will be made after the interview.
- Applications received after **December 18, 2009** will be reviewed on a case-by-case basis until the freshman class is full.

Attach Recent Photo Here



Student Information

Full Name	Last Name	First Name	Middle				
Date of Birth	Month	Day	Year				
Place of Birth	City	State/Province	Country				
Home Address and Telephone	Street		Apt. Number				
	City	State	Zip				
	Home Telephone Number		Student's Cell Phone Number				
Language	Language spoken at home						
Ethnicity	Hispanic/Latino <input type="checkbox"/>	African-American <input type="checkbox"/>	Caucasian <input type="checkbox"/>	Native American <input type="checkbox"/>	Asian <input type="checkbox"/>	Multiracial <input type="checkbox"/>	Other <input type="checkbox"/>

Current School Information

What school is the applicant currently attending?	School Name
Current School Address and Telephone	Street
	City
	State
	Zip
	School Telephone Number
Is the applicant currently in an English as a Second Language (ESL) program? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, for how long?	
Has the applicant ever been diagnosed with a learning disability or Attention Deficit Disorder (ADD)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when was the applicant tested?	

Religious Information

Religious Affiliation	Parish
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Brothers or Sisters Information

Name	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female

Household Information

Number of people living in applicant's household _____

of parents: _____

of children: _____

of other adults: _____

Family Information

Marital status of Parent(s) or Guardian(s)	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Remarried <input type="checkbox"/>	Single <input type="checkbox"/>	Widow/Widower <input type="checkbox"/>
Parent or Guardian's Personal Information (1)						
Full Name	Last Name		First Name		Middle	
Relationship to Applicant	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>	Other (Please specify) _____ <input type="checkbox"/>		
Home Address and Telephone <small>If address is the same as applicant's, leave this section blank.</small>	Street					Apt. Number
	City		State		Zip	
	Home Telephone Number			Parent or Guardian's Cell Phone Number		
Employment Information	Company Name					
<input type="checkbox"/> Check here if unemployed	Occupation/Title			Work Telephone Number		

Parent or Guardian's Personal Information (2)

Full Name	Last Name		First Name		Middle	
Relationship to Applicant	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>	Other (Please specify) _____ <input type="checkbox"/>		
Home Address and Telephone <small>If address is the same as applicant's, leave this section blank.</small>	Street					Apt. Number
	City		State		Zip	
	Home Telephone Number			Parent or Guardian's Cell Phone Number		
Employment Information	Company Name					
<input type="checkbox"/> Check here if unemployed	Occupation/Title			Work Telephone Number		

Name(s) of applicant's relative(s) who currently attend or have attended Arrupe Jesuit

Name	Relationship
Name	Relationship
Name	Relationship

Student Questionnaire (short answer)

Does the applicant have any previous job experience? If so, please describe.

List any activities and clubs in which the applicant participates at school or outside of school.

List any schools (other than Arrupe Jesuit) to which the applicant is currently applying.

Does the applicant have any physical conditions of which the school should be aware (hearing, vision, diabetes, allergy, etc.)? Is the applicant taking any medication for this condition? Please explain.

Student Questionnaire (essay form; type or print an essay of 150 to 200 words on a separate sheet of paper)

Please describe yourself and your plans for the future.

- a. Discuss your main interests.
- b. Explain the reasons you want to attend Arrupe Jesuit High School.
- c. Describe the ways you can contribute to the Arrupe Jesuit High School community.

Parent Questionnaire (type or print on a separate sheet of paper)

- a. What is your role in the education of your child?
- b. Explain your reasons for wanting your child to attend Arrupe Jesuit High School.

Signatures

Parent or Guardian

Date

Parent or Guardian

Date

Student

Date