



Application for Admission

SECTION 1. STUDENT INFORMATION

Date: ____ / ____ / ____ Application for: grade ____ academic year ____ / ____

Student's name: _____
Last First Middle

Nickname: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip code: _____ - _____

Home phone: _____ Student email: _____

Date of Birth: ____ / ____ / ____ Religious affiliation: _____

Current school: _____ Parish/congregation: _____

School address: _____

City: _____ State: _____ Zip code: _____ - _____

Other school(s) attended: _____ Grade(s): _____

_____ Grade(s): _____

Have you ever been suspended, expelled, or asked to leave a school? (If yes, explain on a separate sheet of paper.)

YES NO

Have you been Home schooled in the last 5 years? (If yes, provide dates and description of curriculum.)

YES NO

Are you a United States citizen? (If not, or if you have dual citizenship please indicate the country.)

YES NO Dual citizenship Country of citizenship: _____

Have you been diagnosed with a learning disability? (If yes, please include IEP, Psychological report, 504 plans, or Physician's report as applicable.)

YES NO

Are you also applying for the Aquinas Program (Supplemental forms and information are required.)

YES NO

Extracurricular Activities (feel free to include details separately re: athletics, music, service, religious, etc.):

Activity: _____ Dates/grades/years: _____

Activity: _____ Dates/grades/years: _____

Activity: _____ Dates/grades/years: _____

Please indicate with whom the student resides (if shared custody please provide details):

RELATIVES WHO ATTENDED ARCHBISHOP SPALDING HIGH SCHOOL (MARTIN SPALDING, OR HOLY TRINITY):

Name:	Class of:	Relationship to applicant:
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SIBLING INFORMATION:

Name:	Current grade / age:	Current school &/or alma mater:
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SECTION 3. APPLICANT QUESTIONNAIRE

DIRECTIONS: The student/applicant responds to the questions below. Responses should be typed on separate paper and submitted with the *Application for Admission*.

1. How did you first learn about Archbishop Spalding High School? What convinced you to consider transferring?
2. What do you see as unique, special, or different about Archbishop Spalding High School compared to your current school?
3. When you think about attending school on any given day, what are the things to which you most look forward? What most concerns or worries you?
4. Which of the activities you have participated in (at school or in the community) has had the greatest impact on you? How?
5. How would others at your current school describe you (both students and adults)?
6. In what ways do you see yourself being involved in, or contributing to, the Archbishop Spalding High School community?

SECTION 4. TRANSFER APPLICATION REQUIREMENTS

All applicants must submit their *Application for Admission* (including the applicant’s responses to section 4), and the \$100 application fee.

- Parents/Guardians of applicants will submit a *Request for Records* form and at least one Academic Recommendation form (to an English, Math, Science, or Social Studies teacher, Guidance counselor, or Administrator within the past two years) to the applicant’s current school.

Any other letters of endorsements (from an applicant’s parish, coach, troop leader, etc.) are welcome.

All parents/guardians will assure that the following information is provided to Archbishop Spalding High School and understand that an incomplete application cannot be evaluated for admission:

- Copies of permanent records (from grades 6 through the most recent grade report), standardized test scores (where applicable), attendance and discipline records.
- Pertinent information from medical or personal records

SECTION 5. VALIDATION OF INFORMATION

By signing below, I affirm that the information in this application is accurate and complete to the best of my knowledge. I understand that any misrepresentation or failure to provide complete information may result in the applicant’s immediate removal from consideration or attendance at Archbishop Spalding High School at this time or at any time in the future.

Parent/Guardian: _____ Date: ____ / ____ / ____

Parent/Guardian: _____ Date: ____ / ____ / ____

Applicant/Student: _____ Date: ____ / ____ / ____