



APPLICATION FOR ADMISSION
Application Fee: \$50.00

Applicant Information

Name of Applicant:

Last: _____ First: _____ Middle: _____

Name by which applicant is commonly known: _____

Sex: Male Female

Date of Birth: _____ Place of Birth (Town/State): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Grade Applicant is Entering: _____

If Transferring, State Reason for Transfer: _____

Parent Information

Marital Status: Married Divorced Separated Widowed

Father Deceased Mother Deceased

Duplicate mailings will be sent to two households at your request.

Are duplicate mailings required? Yes No

If Yes, please provide Name and Address:

(Please complete reverse side)

Religious Ethnic Information

NOTE: Reverend Brown School does not discriminate or show partiality in its admission practices based on sex, racial, or religious background of applicants. Information in these areas is solicited solely for the purpose of completing statistical summary reports required by the Diocesan School Administration and the State and Federal Governments.

Applicant's Racial Background:

White, Caucasian Black, African American Chicano, Mexican American
 Hispanic American Indian, Alaskan Other

Applicant's Religion: _____ Applicant's Parish: _____

NOTE: If the student is Catholic, please complete the information below.

<i>Sacrament</i>	<i>Received</i>	<i>Received in Church/Parish</i>	<i>Date</i>
Baptism -----	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
First Communion --	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Confirmation -----	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Academic Information

Home District: _____

Present School Name: _____

Address: _____
_____ Phone #: _____

Any Schools Previously Attended:

Name: _____ Dates: _____

Name: _____ Dates: _____

Special Learning Needs:

Does the applicant have special learning needs that have been verified professionally (e.g., through school or private clinic)?

Yes No If yes, please provide signed hard copy of this application along with supporting Documentation. (**Documentation must include: the current IEP/Service Plan, Educational evaluation, Psychological evaluation and social history.**)

If there are special conditions, which should be considered in reviewing the student's application, parents are encouraged to make those considerations known to us either in writing or through an interview. Failure to make known conditions that could affect the student's full participation in the total education program of the school or the satisfactory completion of graduation requirements will be grounds for the school to withdraw any offer of admission.

Signature of Parent/Guardian _____ Date _____