

# **ST. EDMUND PREPARATORY HIGH SCHOOL**

## ***Application for Admission***

**PLEASE PRINT ALL INFORMATION**

9<sup>th</sup> Grade

10<sup>th</sup> grade

11<sup>th</sup> grade

12<sup>th</sup> grade

**STUDENT ID#** \_\_\_\_\_

**DATE OF REGISTRATION** \_\_\_\_\_

*(For Office Use Only)*

**CHECK ALL THAT APPLY:**

Entering From Catholic School

Entering From Public School

Entering From Foreign Country

Entering From Outside NYC

<b>STUDENT'S LEGAL LAST NAME</b>	<b>LEGAL FIRST NAME: MIDDLE</b>
<b>GENDER:</b> Male _____ Female _____	<b>DATE OF BIRTH:</b> Month _____ Day _____ Year _____
<b>NAME &amp; GRADE OF SIBLINGS ATTENDING ST. EDMUND PREP H.S.</b> _____	
<b>HOME ADDRESS:</b> _____ Apt. # _____ City _____ Zip _____	
<b>HOME PHONE NUMBER</b> ( ) _____	<b>ENTERING GRADE LEVEL</b> _____
<b>STUDENT SOCIAL SECURITY #</b> _____	<b>PREVIOUS SCHOOL</b> _____
<b>STUDENT'S EMAIL</b> _____	
<b>STUDENT RESIDES WITH</b> Mother & Father _____    Mother Only _____    Father Only _____    Other _____	
<b>PLEASE INDICATE HOW MAIL SHOULD BE ADDRESSED:</b> Mr. & Mrs. _____    Mrs. _____    Mr. _____    Ms. _____	
<b>MOTHER'S LAST NAME</b>	<b>MOTHER'S FIRST NAME TITLE</b>
<b>Is Mother's home address the same as student's home address?</b> Yes _____ No _____ <b>If no, please enter home address here:</b> Mother's home address _____ City _____ State _____ Zip _____	
<b>MOTHER'S BUSINESS INFORMATION:</b>	
<b>COMPANY NAME</b> _____	<b>PHONE NUMBER</b> _____
<b>JOB TITLE</b> _____	<b>MOTHER'S CELL PHONE</b> _____
<b>ADDRESS</b> _____	<b>MOTHER'S EMAIL</b> _____
<b>CITY, STATE, ZIP</b> _____	

<b>FATHER'S LAST NAME</b>	<b>FATHER'S FIRST NAME</b>	<b>TITLE</b>
<b>Is Father's home address and phone # the same as student's?:</b> Yes _____ No _____ <b>If no, please enter information here:</b> Father's home address _____ City _____ State _____ Zip _____ Father's home phone number if not living with student _____		
<b>FATHER'S BUSINESS INFORMATION:</b>		
COMPANY NAME _____	PHONE NUMBER _____	
JOB TITLE _____	FATHER'S CELL PHONE _____	
ADDRESS _____	FATHER'S EMAIL _____	
CITY, STATE, ZIP _____		
<b>EMERGENCY CONTACT INFORMATION:</b>		
LAST NAME _____	FIRST NAME _____	TITLE _____
PHONE NUMBER _____	RELATIONSHIP TO STUDENT _____	
<b>ETHNICITY:</b> American Indian _____, Asian _____, Black, Non-Hispanic _____, Hispanic _____, White, Non-Hispanic _____ (optional)		
<b>PARISH:</b> _____ <b>PARISH LOCATION:</b> _____		
<b>GRADUATING CLASS OF</b> _____		
<i>GUIDANCE COUNSELOR AT SCHOOL CURRENTLY ATTENDING:</i> _____ <i>ADDRESS &amp; ZIP CODE OF SCHOOL CURRENTLY ATTENDING</i> _____ <i>PHONE NUMBER OF SCHOOL CURRENTLY ATTENDING</i> _____		
<b>PLEASE INDICATE SACRAMENTS YOU HAVE NOT RECEIVED:</b> <i>Baptism</i> _____ <i>Communion</i> _____ <i>Reconciliation</i> _____ <i>Confirmation</i> _____		

**Please Note: In order for the registration to be complete it must be accompanied by the Non-Refundable Registration fee of \$500**