

DELONE CATHOLIC HIGH SCHOOL
NEW STUDENT APPLICATION FOR ADMISSION 2018-19

NEED TO BE RETURNED TO BY MAIL TO:

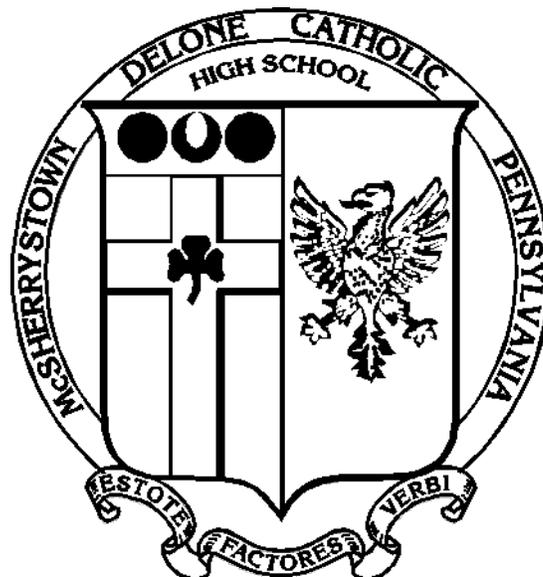
MRS. JENNIFER HART, DIRECTOR OF MARKETING AND ADMISSIONS
DELONE CATHOLIC HIGH SCHOOL
140 SOUTH OXFORD AVENUE
MCSHERRYSTOWN, PA 17344

OR

BY EMAIL TO:

JHART@DELONECATHOLIC.ORG

- Application Fee (Check payable to Delone Catholic High School)
- Application for Admission



APPLICATION FOR ADMISSION (SCHOOL YEAR 2018-19)

Please print or type. Complete all pages, sign and return with the registration fee to Delone Catholic High School.						FOR OFFICE USE: Registration Rec'd _____ Amount: \$ _____ Cash <input type="checkbox"/> Check <input type="checkbox"/> CC <input type="checkbox"/> Student ID # _____	
Date		Applying to Grade	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12				
Student's First and Last Name:							
SSN# (optional)				Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Birthdate		Religion	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Jewish <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Protestant _____ <input type="checkbox"/> Other _____				
Place of Birth				If Catholic, list parish name, city and state.			
Student's Current School					Public School District where you reside		
Student resides with		<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Grandparents					
Student's Race/ Ethnicity		<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____					
Student's Transportation to School			<input type="checkbox"/> PA Bus <input type="checkbox"/> MD Bus <input type="checkbox"/> Car Rider/Car Pooling <input type="checkbox"/> Driving Self <input type="checkbox"/> Walking				
Father's First and Last Name						If Delone Catholic alumnus, please list class year	
Email					Preferred Phone		
Father's Place of Employment						Work Phone	
Mother's First and Last Name						If Delone Catholic alumnus, please list class year	
Mother's Maiden Name							
Email					Preferred Phone		
Mother's Place of Employment						Work Phone	
Primary Mailing Address							
Secondary Mailing Address							
Please list the names of siblings who will also be attending Delone Catholic in 2018-19.							

STUDENT INFORMATION SECTION

Your responses to the questions below, along with records received from the sending school, will provide us with the background we need to evaluate your application. Information you share will be regarded respectfully and confidentially.

Please List Student Activities and Interests			
Please List Student's Accomplishments			
Previous Schools Attended and Dates			
Has the student skipped a grade?		<input type="checkbox"/> No <input type="checkbox"/> Yes (explain)	
Has the student repeated a grade?		<input type="checkbox"/> No <input type="checkbox"/> Yes (explain)	
In the past two years, has the student been			
tardy or late to school more than ten times per year?		<input type="checkbox"/> No <input type="checkbox"/> Yes (explain)	
absent from school more than ten times per year?		<input type="checkbox"/> No <input type="checkbox"/> Yes (explain)	
Has the student ever been assigned to an alternate school program?		<input type="checkbox"/> No <input type="checkbox"/> Yes (explain)	
Has the student ever been suspended or expelled from school?		<input type="checkbox"/> No <input type="checkbox"/> Yes (explain)	
Has psychological or psychiatric help/testing been sought for the student for emotional, behavioral, mental or academic evaluation?		<input type="checkbox"/> No <input type="checkbox"/> Yes (explain)	
Has the student ever been arrested?		<input type="checkbox"/> No <input type="checkbox"/> Yes (explain)	
Has the student ever been treated for substance abuse?		<input type="checkbox"/> No <input type="checkbox"/> Yes (explain)	
Has the student ever had an Individualized Education Plan (IEP) or learning plan?		<input type="checkbox"/> No <input type="checkbox"/> Yes (explain)	
Is there any illness or disability that may interfere with a student's studies or extracurricular activities? Please indicate e.g. asthma, dyslexia, ADD, learning disability, etc.)		<input type="checkbox"/> No <input type="checkbox"/> Yes (explain)	
Please explain any "Yes" answers to the questions above. Attach additional pages if necessary.			
APPLICATION/REGISTRATION FEE			
<input type="checkbox"/> New Student Application Fee Before Dec. 31 pay \$75 After Dec. 31 pay \$100		<input type="checkbox"/> Returning Student Registration Fee Returning students pay \$100	
		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
Please send Admitted Student Forms via (check one)		<input type="checkbox"/> Email <input type="checkbox"/> Mail	
SIGNATURES			
By signing this application form, the parents and/or guardians of the enrolled student hereby agree that they and their student will abide by each of the policies and procedures that may be adopted from time to time by the Diocese of Harrisburg and by Delone Catholic High School, including but not limited to those set forth or referred to in the student's student/parent handbook.			
Parent/Guardian Signature		Date	
Parent/Guardian Signature		Date	