



APPLICATION FOR ADMISSION
ST. PAUL CATHOLIC HIGH SCHOOL
 1001 Stafford Avenue, Bristol, CT 06010
 (860) 584-0911 FAX (860) 585-8815 www.spchs.com

For Office Use
Agency: _____
Inter: _____
Note: _____

- APPLICATION PROCESS: An on-line application is also available at www.spchs.com**
- 1.) Please complete all parts of this application and sign. Include **APPLICATION, AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION FORM** and **GUIDANCE INFORMATION FORM**.
 * Please include report cards or school transcripts from present school year and previous school year.
 * **ENGLISH** and **MATHEMATICS RECOMMENDATION FORMS** may be sent separately.
 - 2.) Students applying to 9th or 10th grade must take the **High School Placement Exam**.
 - 3.) A personal interview is required for all transfer students and may be required for some applicants prior to the Admission Committee review.
 - 4.) Candidates for Grade 12 will be considered only for those who have moved into the area.*

A. APPLICANT INFORMATION Please Print Candidate For Grade (Circle one) 9 10 11 *12

Last Name	First	Middle		
Home Telephone Number	Student E-mail Address	Date of Birth	Gender	
Street	City/Town	State	Zip Code	
Religion	Church/Parish Where Registered	City/Town		
Current School	City/Town	Present Grade		

B. PARENT OR GUARDIAN (Circle one) Mother Father Guardian Grandmother Grandfather Stepmother Stepfather

Last Name	First	(Circle title) Mr. Mrs. Ms. Miss Dr.			
Street	City/Town	State	Zip Code		
Home Telephone Number	Work Telephone Number	Cell Phone			
Employer	Occupation	Preferred E-mail Address			

C. PARENT OR GUARDIAN (Circle one) Mother Father Guardian Grandmother Grandfather Stepmother Stepfather

Last Name	First	(Circle title) Mr. Mrs. Ms. Miss Dr.			
Street	City/Town	State	Zip Code		
Home Telephone Number	Work Telephone Number	Cell Phone			
Employer	Occupation	Preferred E-mail Address			

D. STUDENT LIVES WITH Parents Mother Father Guardian Grandmother Grandfather Stepmother Stepfather

E. APPLICANT'S BROTHERS AND SISTERS

Name	Date of Birth	Gender	School Attending	Grade
Name	Date of Birth	Gender	School Attending	Grade
Name	Date of Birth	Gender	School Attending	Grade

F. APPLICANT'S GRANDPARENTS

Paternal (Include first names of both grandparents, if applicable.)

Address	City/Town	State	Zip Code
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Maternal (Include first names of both grandparents, if applicable.)

Address	City/Town	State	Zip Code
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G. HOW DID YOU FIRST LEARN ABOUT ST. PAUL CATHOLIC HIGH SCHOOL? (Circle one)

- Alumni Billboard Catholic Transcript CCD Visit Church Bulletin Class Visit Coach Current Student
Lawn Sign Mailing Newspaper Ad Open House Parent Pastor Poster Principal Relative Attends(ed)
Sibling Attends(ed) Summer Camp Teacher Website Other _____

H. LIST NAMES OF PARENTS OR SIBLINGS WHO ATTENDED OR GRADUATED FROM ST. PAUL

Name	Relationship	Year of Graduation
Name	Relationship	Year of Graduation
Name	Relationship	Year of Graduation

I. ACADEMIC, ATHLETIC AND EXTRA-CURRICULAR ACTIVITIES Please list any activities in which you are currently involved.

SIGNATURE OF STUDENT **Date**

SIGNATURE OF PARENT/GUARDIAN **Date**