



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

APPLICATION PROCESS:

- 1.) Please complete all parts of this application and sign. Include a signed **RECORDS RELEASE FORM, RECOMMENDATION FORMS** and **GUIDANCE INFORMATION FORM** with **APPLICATION.**
- 2.) Students applying to 9th or 10th grade must take the **High School Placement Test** at St. Paul Catholic High School.
- 3.) A personal interview is required for all transfers and may be required for some applicants prior to 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 E-mail Address Date of Birth Gender

 Street City State Zip Code

 Religion Church/Parish Are You Registered?

 Current School School Telephone Present Grade

 Address City State Zip Code

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

 Last Name First (Circle title) Dr. Mr. Mrs. Ms.

 Street City State Zip Code

 Home Telephone Work Phone Cell Phone E-mail Address

 Employer Occupation

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

 Last Name First (Circle title) Dr. Mr. Mrs. Ms.

 Street City State Zip Code

 Home Telephone Work Phone Cell Phone E-mail Address

 Employer Occupation

C. 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

D. APPLICANT'S GRANDPARENTS

Maternal

Address	City	State	Zip Code
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Paternal

Address	City	State	Zip Code
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E. How Did You First Learn About St. Paul Catholic High School? (Please circle all that apply)

Relative attends(ed) St. Paul Catholic	Current Student	Radio Advertisement	Alumn	Website	Poster	
CCD Program	Teacher	Principal	Pastor	Mail to your home	Newspaper Ad	Other

F. Please list the names of parents or siblings who attend or graduated from St. Paul. Catholic H.S.

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

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

H. SIGNATURE OF STUDENT

Date

I. SIGNATURE OF PARENT OR GUARDIAN

Date