



# St. Theodore Guerin High School Application

For Acct. Purposes Only  
Check # \_\_\_\_\_  
Amount \_\_\_\_\_  
Date \_\_\_\_\_

ENTERING HIGH SCHOOL GRADE LEVEL: (CIRCLE ONE)

FRESHMAN (CLASS OF 2015)   SOPHOMORE (CLASS OF 2014)   JUNIOR (CLASS OF 2013)

*Please Print*

**STUDENT INFORMATION**

Full Name of Student \_\_\_\_\_  
(First) (Middle) (Last)

Preferred Nickname \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Address of Residence (Street Address) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**FAMILY INFORMATION**

**Parent/Guardian Relationship to Student:** \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Name of Employer, Work Phone and Address \_\_\_\_\_

Mobile Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Parent/Guardian Relationship to Student:** \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Name of Employer, Work Phone and Address \_\_\_\_\_

Mobile Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Parent/Guardian Relationship to Student:** \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Name of Employer, Work Phone and Address \_\_\_\_\_

Mobile Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**ARE YOU APPLYING FOR FINANCIAL AID? (CIRCLE ONE)   Yes   No**

**SCHOOL INFORMATION**

Present or Most Recent Grade \_\_\_\_\_ Date Completed \_\_\_\_\_

Student's Present School \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Has the student ever received tutoring, counseling, or any instruction to assist learning (learning differences) whether inside or outside the school environment?  Yes  No

Does your student have an IEP?  Yes  No

Are you interested in the Learning Differences Program?  Yes  No

Home High School: \_\_\_\_\_

Ethnic Background: \_\_\_ Caucasian \_\_\_ African American \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Middle Eastern  
\_\_\_ Other

**Home Language Survey**

What is the native language of the student? \_\_\_\_\_

What language(s) is spoken most often to the student? \_\_\_\_\_

What language(s) is spoken by the student at home? \_\_\_\_\_

**PARISH INFORMATION**

Are you Catholic?  Yes  No

If no, what denomination are you? \_\_\_\_\_

Name of Parish and Diocese \_\_\_\_\_ Number of years at your current Parish \_\_\_\_\_

What Sacraments has the applicant received?  Baptism  Eucharist  First Reconciliation  
 Confirmation

Do you have other children attending school?  Yes  No

If yes, what school are they attending and what grade?

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_



**REQUIRED SIGNATURES**

Signature of the application form shall constitute the agreement of the parent(s)/guardian signing as the individual responsible for all tuition and other charges and shall constitute a representation by the signatory that he/she is authorized and legally empowered to sign all releases and other documents in connection with the student.

If custody is joint, or if responsibility for payment is to be shared by mother and father or borne by the non-custodial parent, then this application must be signed by both parents. If only one parent has custody and will be assuming responsibility for payment, then Saint Theodore Guerin High School will require a copy of the custody order.

**This application must be accompanied by:**

- A non-refundable tuition deposit of \$250.00

*Please make check or money order payable to Guerin Catholic High School.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY		Application # _____
		Priority Level _____
Date Application Received: _____	Check Number: _____	
Applying for Financial Aid: _____	Official Signature: _____	

Please mail application to  
Attn: Chyrise King, Director of Admissions Guerin Catholic High School  
PO Box 557, Fishers, IN 46038  
or drop off at the school's main office