



St. Theodore Guerin High School Application

For Acct. Purposes Only
Check # _____
Amount _____
Date _____

ENTERING HIGH SCHOOL GRADE LEVEL: (CIRCLE ONE)

FRESHMEN (CLASS OF 2016) SOPHOMORE (CLASS OF 2015) JUNIOR (CLASS OF 2014)

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 (Billing 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

*Please be advised that if you indicate that you are applying for financial aid, you must complete the financial aid application by December 15, 2011

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

DEMOGRAPHIC INFORMATION

Home High School: _____

Ethnic Background: ___ Caucasian ___ African American ___ Hispanic ___ Asian ___ Middle Eastern
___ Other

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

SIBLING INFORMATION

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: _____

You will be receiving correspondence from Guerin Catholic by email and regular mail. Please list **all** email addresses that you would like your electronic correspondence to be sent to.

Do you have any siblings that attend or have attended Guerin Catholic High School? Yes No

If yes, list name and grade/graduation year.

Name: _____ Grade or Grad year _____

Name: _____ Grade or Grad year _____

Name: _____ Grade or Grad year _____

EXTRA AND CO-CURRICULAR ACTIVITIES

EMERGENCY CONTACT INFORMATION

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

LIST ANY STUDENT HEALTH OR OTHER ISSUES YOU WOULD LIKE US TO BE AWARE OF

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