

**MADONNA HIGH SCHOOL**  
**NEW STUDENT APPLICATION FOR ADMISSION 2019-2020**

Please complete this application with your \$50 non-refundable application fee

Grade Entering \_\_\_\_\_ School Currently Attending \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Date of Birth \_\_\_\_\_ CITY & COUNTY of Birth \_\_\_\_\_

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

\_\_\_\_\_ County of Residence \_\_\_\_\_

Is the student a US citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Social Security Number \_\_\_\_\_

Applicant Resides with: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Stepmother \_\_\_ Stepfather \_\_\_ Other \_\_\_

In case of a divorce or separation, please indicate the name of the court-appointed custodial parent

\_\_\_\_\_

**Mother**

**Father**

Name (maiden) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Tuition will be paid by \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Phone #: \_\_\_\_\_

**Student's Religious Affiliation**

Religion: \_\_\_\_\_ Church/Parish: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church/City: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ Church/City: \_\_\_\_\_

In which parish/church/other is your family registered and contributing? \_\_\_\_\_

How often do you attend religious services? regularly \_\_\_ occasionally \_\_\_ rarely \_\_\_

Please list other children in your family:

Name	Age	School (If high school graduate, which high school?)
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Mother's Maiden Name: \_\_\_\_\_

**Medical Information**

Name of Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Has the student received polio shots? Yes \_\_\_ No \_\_\_

Has the student been vaccinated? Yes \_\_\_ No \_\_\_

Does the student have any food allergies, allergies or physical disabilities for the school to be aware (i.e. Diabetes, epilepsy, contacts)? Yes \_\_\_ No \_\_\_ (If yes, please explain)

List the name/dosage of ALL prescribed medication and medications and the reason(s) taken.

Are there any unusual aspects of your child's family life, physical or emotional history which may have affected his/her academic or personal progress? If so, please explain.

Does your child have any special learning difficulties? Yes \_\_\_ No \_\_\_

If yes, please explain and submit a copy of all test results, recommendations, etc.

**Please keep in mind that Madonna High School is a demanding college preparatory school and that all students are held to the same high academic, personal and behavioral standards.**

Has your child ever been suspended from school or appeared in Juvenile Court? Yes (explain) \_\_\_ No \_\_\_

Has your child ever participated in drug/alcohol counseling and/or treatment? Yes (explain) \_\_\_ No \_\_\_