

Application for Admission

Rosary High School

901 N. Edgelawn Drive • Aurora, IL 60506 • Ph. 630-896-0831 • Fax: 630-896-8372 • www.rosaryhs.com



Admission Policies

Rosary High School is dedicated to serving the spiritual and educational needs of young Catholic women who demonstrate a commitment to Rosary's mission, goals, and religious values, and who will best benefit from its college preparatory academic program. Rosary High School admits a broad cross section of students with varying academic, leadership, athletic and artistic abilities. Rosary seeks a student body which will benefit from and contribute to academic excellence within a community of faith.

STUDENT INFORMATION

Please **print** all information in ink.

School Year: 20_____ to 20_____ Application for grade: 9 10 11

Applicant's Last Name: _____ First: _____ Middle: _____

Address: _____ Phone : _____
Street City State Zip

Applicant's SSN: _____ Birthdate: _____ Birthplace: _____
(mo/day/year) (City, State)

Applicant's Religion: _____ Parish/Church family is registered in: _____
(Name, City, and State of Parish/Church)

Public high school in your district: _____

Father's name: _____ Living Deceased
First Last

Cell: _____ Email: _____

Occupation: _____
Employer Address Title/Position Phone

Mother's name: _____ Living Deceased
First Maiden Last

Cell: _____ Email: _____

Occupation: _____
Employer Address Title/Position Phone

Is mother a Rosary alumna? Yes No If yes, Class of _____

Step-father's name: _____
First Last

Cell: _____ Email: _____

Occupation: _____
Employer Address Title/Position Phone

Step-mother's name: _____
First Last

Cell: _____ Email: _____

Occupation: _____
Employer Address Title/Position Phone

Do parent's reside at the same address? Yes No If no, what is the name and address of non-custodial parent?

Name (First & Last) Street Address City State Zip Code

Copies of educational information and records will be sent to both parents unless legal documentation stating otherwise is provided.

List sisters currently enrolled at Rosary:

Name: _____ Grade: _____

Name: _____ Grade: _____

List sisters who have already graduated from Rosary High School:

Name: _____ Year of graduation: _____

Name: _____ Year of graduation: _____

Paternal Grandparents' Names: _____

<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>
----------------	-------------	--------------	------------	--------------

Maternal Grandparents' Names: _____

<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>
----------------	-------------	--------------	------------	--------------

Is the applicant being treated by a medical doctor or taking medicine? Yes No If yes, explain:

Has the applicant ever been diagnosed, counseled, or treated by a psychiatrist, psychologist, independent counselor or social worker?

Yes No If yes, explain:

Has the applicant ever appeared before juvenile authorities for alleged misconduct? Yes No If yes, explain:

SCHOOL BACKGROUND

Please list the elementary school(s) and dates the applicant has attended:

_____ *Dates Attended*

_____ *Dates Attended*

_____ *Dates Attended*

Please fill out reverse side

TRANSFER STUDENT INFORMATION

The following information is to be completed for transfer students only.

Please list the previous high school(s) and dates the applicant has attended:

Name, City, State of School

Dates Attended

Name, City, State of School

Dates Attended

Days absent this year (to date): _____

Has the applicant ever skipped an academic year? Yes No

Has the applicant ever repeated an academic year? Yes No

Does the applicant now or has she had in the past an Individual Education Plan (IEP) or a 504 Plan? Yes No
If yes, please attach a copy of the plan.

Please attach report cards and official transcripts.

STUDENT/PARENT RESPONSIBILITIES AGREEMENT

The applicant agrees to update this application and notify Rosary High School of any material changes in grades or conduct which occur between the date of the application and the first day of school. Examples of material changes include but are not limited to failure to pass eighth grade, failure to pass a course, suspension/expulsion from school and/or arrests.

The applicant is expected to comply with the rules of Rosary High School as stated in the handbook for students and parents/guardians.

I declare the information on this form is true, correct, and complete. Failure to be honest and complete this application may lead to dismissal from Rosary High School.

Both applicant and parent(s) must sign this application.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

SOURCE REFERRAL

How did you learn about Rosary High School?

- Alumna Current School Parish/Pastor Rosary Mailing Website
 Current Rosary Parent Past Rosary Parent Local Reputation Newspaper Other

Incoming Freshmen Checklist:

- Completed Application for Admission
 \$30.00 testing/application fee (make checks payable to Rosary High School)
 Release of Records form (signed by parent/guardian)
 Return the above items directly to Rosary. If returning by mail, please send to:
Rosary High School
Attn: Admissions Dept.
901 N. Edgelawn Drive
Aurora, IL 60506

PLEASE PHOTOCOPY THIS APPLICATION FOR YOUR RECORDS.

updated Aug 2009