



# APPLICATION FOR ADMISSION 2011-2012

Applying for Grade 9 10 11 12 Transfer Student

## STUDENT INFORMATION

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ \_Male \_Female  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Student Email Address \_\_\_\_\_  
 Ethnic Origin: African American Asian Caucasian Hispanic Other \_\_\_\_\_  
 Is English the student's primary language? Yes No Primary Language \_\_\_\_\_  
 Was student's birthplace outside of the United States? Yes No  
 If yes, where was student born? \_\_\_\_\_  
 Religion of Student \_\_\_\_\_ Church/Parish \_\_\_\_\_  
 Attended Scecina 2009/2010 Yes No School Previously Attended \_\_\_\_\_

## FAMILY INFORMATION

Parents are: Married Separated Divorced Deceased (specify) \_\_\_\_\_  
 Custodial Parent: Both Parents Mother Father Other (specify) \_\_\_\_\_

## FATHER'S INFORMATION

Name \_\_\_\_\_  Natural  Step-Parent  Guardian  
 Address (if different than applicant) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Scecina Alumna? Yes No Graduation Year \_\_\_\_\_

## MOTHER'S INFORMATION

Name \_\_\_\_\_ Natural Step-Parent Guardian  
 Address (if different than applicant) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Scecina Alumna? Yes No Graduation Year \_\_\_\_\_

## SIBLING INFORMATION

Name	Relationship	Age	School Attends Now	Grade	If Scecina Alumnus, Graduation Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**ACADEMIC/BEHAVIORIAL INFORMATION**

Has your student ever received a full battery of tests administered by a school/private psychologist/psychometrist in order to identify an educational disability?  Yes  No

If yes, where, when and by whom was the testing done? \_\_\_\_\_

Has your student ever participated in a special education program?  Yes  No

If yes, when and where? \_\_\_\_\_

Has your student ever been expelled, asked to leave, or forced to withdraw from a school?

Yes  No If yes, please explain. \_\_\_\_\_

Please return this application with the following:

- \_\_ Most recent report card/withdrawal grades
- \_\_ Copy of ISTEP results and/or recent Standardized Testing Results
- \_\_ Copy of IEP (Individualized Educational Plan)
- \_\_ Copy of Birth Certificate
- \_\_ Unofficial Transcript (Only for High School Transfers)
- \_\_ Copy of Custodial Agreement if applicable

Seccina Memorial High School welcomes students who wish to apply for admission, regardless of race, sex, or national origin. The local board/commission establishes policies for admission of Catholic and non-Catholic students (Policies 5210, 5410).

In signing this form, I do hereby agree to accept all guidelines set forth by Seccina Memorial High School on behalf of my son/daughter. I further understand that my son/daughter will be expected to follow all the policies of Seccina Memorial High School and the Archdiocese of Indianapolis. I also understand that violation of said rules and regulations will be dealt with in accordance with established school and Archdiocesan policy.

These guidelines are in effect for all students attending Seccina Memorial High School. Seccina reserves the right to cancel the registration of my son/daughter for reason of deficiency in scholarship, unsatisfactory conduct or any other just cause. I agree to accept the obligation of meeting tuition payments and payments of regular fees in accordance with school policy for each period of enrollment.

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

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

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**SCECINA OFFICE USE ONLY**

Date Application Received \_\_\_\_\_

Assigned Year of Graduation \_\_\_\_\_

Enrollment Date \_\_\_\_\_

Request Records for:  Official Transcript  Immunization  Attendance  Discipline

**Administrator's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_