

APPLICATION FOR ADMISSION

General Information

DePaul Catholic High School

1512 Alps Road
Wayne, NJ 07470-3695 USA
Phone: 973-694-3702 Fax: 973-694-3525
Web Site: www.depaulcatholic.org

Applicant Information

First Name	Middle Name	Family Name	Preferred Name or Nickname
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Home Address	City	State/Province	Country	Zip/Postal Code
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Male

Female

Age	Date of Birth (Mo/Day/Year)	Country of Birth	Country of Citizenship
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E-Mail Address

Home Telephone (include country, city, and area codes)

Fax Number (include country, city, and area codes)

Month / Year of Proposed Entrance

Current grade

Applying for Grade

Family Information

Parent/Guardian

Name	Occupation	Name of Company
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Home Address	City	State/Province	Country	Zip/Postal Code
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Business Address	City	State/Province	Country	Zip/Postal Code
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Business Telephone (include country, city, and area codes)

Home Telephone (include country, city, and area codes)

Fax Number (include country, city, and area codes)

E-Mail Address

Parent/Guardian

Name	Occupation	Name of Company
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Home Address	City	State/Province	Country	Zip/Postal Code
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Business Address	City	State/Province	Country	Zip/Postal Code
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Business Telephone (include country, city, and area codes)

Home Telephone (include country, city, and area codes)

Fax Number (include country, city, and area codes)

E-Mail Address

Name of student _____

Applicant lives with? //Father //Mother //Both //Other _____
 Where should admission materials be sent? //Father //Mother //Both //Other _____
 Where should bills be sent? //Father //Mother //Both //Other _____
 Check if appropriate: //Father Deceased //Parents Divorced //Father Remarried //Living Outside U.S
 //Mother Deceased //Parents Separated //Mother Remarried

If parents are divorced or separated, who has legal custody of the applicant? _____

Information about brothers and sisters (use additional sheets if necessary)

Name	Age	School
Name	Age	School
Name	Age	School
Name	Age	School

Education

Present School

//Independent
 //Private/parochial
 //Public

School Name _____ Dates of Attendance _____

Address _____ City _____ State/Province _____ Country _____ Zip/Postal Code _____

Head or Counselor _____ Telephone _____ Fax Number _____

Other schools attended in the past three years

School Name _____ City _____ State/Province _____ Dates of Attendance _____

School Name _____ City _____ State/Province _____ Dates of Attendance _____

Signatures

Signature of Applicant _____ Date _____

Signature of Parent or Guardian _____ Date _____



APPLICANT INFORMATION SHEET

DePaul Catholic High School

[1512 Alps Road](#)

[Wayne, NJ 07470-3695 USA](#)

[Phone: 973-694-3702 Fax: 973-633-5381](#)

[Web Site: \[www.depaulcatholic.org\]\(http://www.depaulcatholic.org\)](#)

Name of Student			Current grade
Current School			Applying for grade
Home Address	Street/PO Box	City	
	State/Province	Country	Zip/Postal Code

INFORMATION SHEET ESSAY

6. Please write a 250-300 word response to the statement below. Use additional sheets if necessary.

- Describe a person you admire or who has influenced you a great deal.

Student's Signature

(please sign this form after it has been photocopied)

Date

APPLICATION FOR ADMISSION

Teacher/Counselor Recommendation Form

DePaul Catholic High School

1512 Alps Road

Wayne, NJ 07470-3695 USA

Phone: 973-694-3702 Fax: 973-633-5381

Web Site: www.depaulcatholic.org

To the Applicant:

- Please type or print your name in the space below and then give this form to your current Principal/Counselor.
- Attach an addressed, stamped envelope for each of the schools to which you are applying.

Name of student *please print*

Applicant to grade

Signature

Date

To the Parent/Guardian:

Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above. (Please have grade reports, attendance records, standardized test scores, and teacher reports/comments forwarded to each school to which you are applying.)

Name of parent or guardian

Signature of parent or guardian

Date

To the Teacher/Counselor:

This form is part of a DePaul Catholic High School application form. This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please send it to the Admissions Office of DePaul Catholic High School for which the applicant has provided stamped envelopes. Be sure the parent/guardian has signed the form in the space above. Feel free to use additional sheets, if necessary.

Thank you for your cooperation and candor.

Teacher's name *please print*

Title

School

Name of student _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below average	No basis for judgment
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate.

Please comment on this student's character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application.

Signature _____ Date _____

Mailing address _____

E-mail address _____ Telephone _____