

For Office Use Only
HSPT _____ Grds. _____
Disc. _____ Rec. _____
Student Number _____

STUDENT: *LAST NAME* *FIRST NAME*

PLEASE CIRCLE GRADE APPLYING FOR

9 10 11 12

HOLY SPIRIT HIGH SCHOOL



PARENT – STUDENT APPLICATION FOR ADMISSION

PLEASE RETURN THIS FORM TO:

**GUIDANCE OFFICE
HOLY SPIRIT HIGH SCHOOL
500 NEW ROAD
ABSECON, NJ 08201**

DIRECTIONS: Please PRINT or TYPE all information and answer all questions as completely as possible. Leave blank those questions that do not apply.

STUDENT INFORMATION

1. Student's Name: _____ Gender: ___M ___F
Last First Middle
2. Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Home Phone: _____ Email Address: _____
5. Date of Birth: _____ Are you a U.S. citizen? _____ Yes _____ No
Month / Day / Year
6. Check One: _____ African American _____ Asian American _____ Caucasian
_____ Hispanic _____ Native American _____ Other

(If you move prior to the first day of school, please contact the Guidance Office)

EDUCATION STATUS

7. What is the name and address of the school you are now attending:
- Name: _____
- Principal / Counselor: _____
- Street Address: _____
- City: _____ State: _____ Zip Code: _____
- Phone: _____
8. At what grade level will you be entering? _____ 9 _____ 10 _____ 11 _____ 12
9. Has a child study team ever evaluated the applicant? _____ Yes _____ No
If Yes, you must provide all supporting materials for this application to be processed.
10. Has the applicant had any psychological or educational evaluations? _____ Yes _____ No
If Yes, you must provide all supporting materials for this application to be processed.

RELIGION

11. Religion: _____
- If Roman Catholic:** Parish: _____
- Street Address: _____
- City: _____ State: _____ Zip Code: _____

The school abides by the provisions of the Buckley Amendment. Thus, non-custodial parents will be given access to the academic records and to information regarding the academic process of their children, unless there is a court order specifically stating that the non-custodial parent is denied access to such information.

PARENT INFORMATION

12. **Father/Step Father/Guardian:** _____
Last First Middle
13. Address (*If different from above*): _____
Street City State Zip
14. Phone Contact Numbers:
Home: _____ Cell: _____ Work: _____
15. Email Address: _____
16. Employer: _____ Job Title: _____
17. **Mother/Step Mother/Guardian:** _____
Last First Middle
18. Address (*If different from above*): _____
Street City State Zip
19. Phone Contact Numbers:
Home: _____ Cell: _____ Work: _____
20. Email Address: _____
21. Employer: _____ Job Title: _____
22. If applicable, identify the custodial parent/guardian: _____

FAMILY STATUS

23. Have any relatives attended Holy Spirit High School? _____ Yes _____ No

If Yes, list name and relation:

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Holy Spirit High School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of educational policies, admission policies, scholarship programs, athletic programs or other school-administered programs.

ADDITIONAL INFORMATION

24. List any school/community activities and sports in which you have participated. _____

25. What factor was most influential in your decision to apply to Holy Spirit High School? _____

26. What subject/class are you most looking forward to taking at Holy Spirit High School? _____

27. Listed below are the interscholastic sports offered at Holy Spirit High School. Please check all interested:

- | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Crew |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Football | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Track | <input type="checkbox"/> Wrestling | | |

Signature of Student applying: _____

Signature of Parent/Guardian: _____

FOR OFFICE USE ONLY:

REGISTRATION DATE: _____

PAID: _____ **CHECK NUMBER:** _____