

APPLICATION

Student Personnel Services

Holy Spirit High School

New Road, Absecon, NJ 08201

609-646-3000

www.holyspirithighschool.com

fax 609-646-1770

* All information will remain confidential

Please type or print clearly

The application must be complete before an admissions decision will be made.

Applicant Information

Name _____
First Middle Last Preferred Name Gender

Address _____
Street E-Mail

_____ *City County State Zip Phone*

Date of Birth Place of Birth Social Security Number
Religion (Check one) Roman Catholic Baptist Episcopal Islam/Muslim Judaism
 Lutheran Methodist Presbyterian Other _____
Please specify

Parish Public High School District
Optional (Check one) African American Hispanic Asian American
 Caucasian Native American Other

Present School Principal 8th Grade Teacher

School Address _____

City State Zip Phone

Grade Applying For: 9th 10th 11th 12th

List the names of relatives who have or who are presently attending Holy Spirit.

Name Year Relationship

Name Year Relationship

Name Year Relationship

Name Year Relationship

Family Information

Father's Name _____
First Middle Last Preferred Name

Social Security Number _____

Address _____
Street E-Mail

_____ *City State Zip Phone*



HOLY SPIRIT HIGH SCHOOL
OFFICE OF INSTITUTIONAL ADVANCEMENT
New Road, Absecon, NJ 08201
609-646-3000

Schools/College Attended	Degree Earned	Year Graduated
_____	_____	_____
_____	_____	_____

Employer _____ Work phone (_____) _____ Title _____

Address _____
Street _____ *E-Mail* _____

City _____ *State* _____ *Zip* _____ *Phone* _____

Mother's Name _____
First _____ *Middle* _____ *Last* _____ *Preferred Name* _____

Social Security Number _____

Address _____
Street _____ *E-Mail* _____

City _____ *State* _____ *Zip* _____ *Phone* _____

Schools/College Attended	Degree Earned	Year Graduated
_____	_____	_____
_____	_____	_____

Employer _____ Work phone (_____) _____ Title _____

Address _____
Street _____ *E-Mail* _____

City _____ *State* _____ *Zip* _____ *Phone* _____

If applicable, identify the custodial parent/guardian: _____
 *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 progress of their children, unless there is a court order specifically stating that the non-custodial parent is denied access to such information.

Has a child study team ever evaluated the applicant? Yes No
 If yes, you must provide all supporting materials for us to process the application.

Has the applicant had any private psychological or educational evaluations? Yes No
 If yes, you must provide all supporting materials for us to process the application.

Stepfather's Name _____
 Stepmother's _____
Title _____ *First* _____ *Middle* _____ *Last* _____ *Preferred Name* _____

Social Security Number _____

Address _____
Street _____ *E-Mail* _____

City _____ *State* _____ *Zip* _____ *Phone* _____

Schools/College Attended	Degree Earned	Year Graduated
_____	_____	_____
_____	_____	_____

Employer _____ Work phone (_____) _____ Title _____

Address _____
Street _____ *E-Mail* _____

City _____ *State* _____ *Zip* _____ *Phone* _____

Other Children in the Family

Name	Birthdate	School\High School\College
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Maternal Grandparents _____
First _____ *Last* _____

Address _____

City _____ *State* _____ *Zip* _____ *Phone* _____

Paternal Grandparents _____
First _____ *Last* _____

Address _____

City _____ *State* _____ *Zip* _____ *Phone* _____

We certify that all information in this application, is factually true and honestly presented.

Signature of Student _____ Date _____

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

Signature of Custodial Guardian _____ Date _____
(if applicable)