



**STUDENT INFORMATION**

**Full LEGAL Name** (as it appears on birth certificate)

TODAY'S DATE: \_\_\_\_\_

STUDENT'S NAME: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_ Student's Soc. Sec. #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Grade in 2017-18: \_\_\_\_  
City/State

Student's Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: ( ) \_\_\_\_\_ Religion: \_\_\_\_\_ Parish and City: \_\_\_\_\_

Circle YES or NO: **BAPTISM:** Yes No **FIRST COMMUNION:** Yes No **CONFIRMATION:** Yes No

**FAMILY INFORMATION**

Student lives with:  Both Parents  Mother  Father  Guardian

**PARENT** Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Bus. Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Step-parent Information (if applicable): \_\_\_\_\_

**PARENT** Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Bus. Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Step-parent Information (if applicable): \_\_\_\_\_

Mailing should be sent to:  Both Parents  Mother  Father  Guardian

Preferred parents' salutation for mailing purposes: \_\_\_\_\_

(Examples: Mr. & Mrs. John Doe, John & Mary Doe, etc.)

# SCHOOL AND EDUCATIONAL BACKGROUND

Student's Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

List other schools student may have attended in the past two years. List dates attended and school(s) name and addresses:

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

## BACKGROUND INFORMATION

Did mother attend St. Lucy's?  Yes  No

Name: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Does the applicant have a sister or any other family member(s) attending or who have attended St. Lucy's?  Yes  No

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ or Year Graduated: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ or Year Graduated: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ or Year Graduated: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

## EIGHTH GRADE HIGH SCHOOL PLACEMENT TEST (HSPT): SATURDAY · JANUARY 21, 2017

Will the student be testing at St. Lucy's?  Yes  No

If your daughter is testing at another school, name of school: \_\_\_\_\_

Do you want test results sent to another high school?  Yes  No If yes, list name of school and city:

Name of school: \_\_\_\_\_ City: \_\_\_\_\_

## APPLICATION FEE & SIGNATURE

**Please enclose a non-refundable \$75.00 Application Fee by January 12, 2017.**

**After January 12, the application fee is \$90.00.**

Check made payable to: *ST. LUCY'S PRIORY HIGH SCHOOL.*

**Please sign below to verify that all the provided information is accurate.**

Sign  
Here

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

## HOW DID YOU HEAR ABOUT ST. LUCY'S?



**REQUEST FOR STUDENT RECORDS**

Please complete and return this form with the application and fee to St. Lucy's Priory High School.  
This form will allow St. Lucy's to request your daughter's records.

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

School Phone: (        ) \_\_\_\_\_ School Fax: (        ) \_\_\_\_\_

The following student is applying for admission to St. Lucy's Priory High School. Authorization is hereby given to release a copy of all school records and information including Academic, Discipline, Attendance and Health Records for the student listed below.

Print Name of Student: \_\_\_\_\_  
*(include middle initial)*

Home Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: (        ) \_\_\_\_\_

**Please sign and date below to complete your request for student records.**



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date