



STUDENT INFORMATION

Full LEGAL Name (as it appears on birth certificate) _____ TODAY'S DATE: _____ Grade in 2020-21: _____

STUDENT'S NAME: First: _____ Middle: _____ Last: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____ Religion: _____ Parish and City: _____
City/State

Student's Home Address: _____
Street City State Zip

Home Phone: () _____ Student Cell Phone: () _____ Student Email: _____

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 18, 2020

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 15, 2020.
After January 15, 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?



ST. LUCY'S
PRIORY
HIGH SCHOOL

2020-2021

REQUEST FOR STUDENT RECORDS

655 West Sierra Madre Avenue • Glendora, California 91741
Phone (626) 335-3322 • Fax (626) 335-4373 • www.stlucys.com

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