



STUDENT APPLICANT NAME:

**JUDGE MEMORIAL
CATHOLIC HIGH SCHOOL**
A College Preparatory School

Last First Middle

Grade Level Applying For (Circle One)
9 10 11 12

Please return this completed application packet to Rita Scholl, Admissions
Judge Memorial Catholic High School • LLC Series #107 • 650 South 1100 East, Salt Lake City, UT 84102

The 2018-2019 Application Checklist

(Application packet must contain all the required items listed below in order to be reviewed for admission)

- Report Card:** (Incoming Freshmen Only (9th) First Semester or First Trimester report card for 2017-2018. Report card must be complete and clearly list subject and student grade. It will be the parent/guardian responsibility to obtain the report card from their student's current school. Progress reports will not take place of parent-access report cards.
- Transcript:** (Incoming upperclassmen only (10th, 11th, 12th). Current unofficial transcript. Progress reports will not take place of the unofficial transcript nor will parent-access report cards. **It will be the parent/guardian responsibility to obtain this unofficial transcript from their student's current school.**
- Immunization Record:** Completed immunization record currently signed and dated by the doctor's office or Utah Health Department. **(We do not accept copies from Parent Health Book/Records nor school copies of immunization records)**
- Current Testing:** Current testing, within the last three years, required for students who have an SAP, IEP or 504 Plan at their current school and/or will require or request these accommodations while enrolled at Judge Memorial.
- Parent/Guardian signatures:** Page 2 (required) and Page 3 (only if applicable)
- Application Fee:** \$100.00 Grades 9 – 12 submitted with application
Non-refundable

School Tours/Shadowing and Admissions

Mr. Tim Gardner, Director of Admissions
801-517-2129, tgardner@judgememorial.com

Application Questions and General Information

Ms. Rita Scholl, Main Office Admissions
801-517-2157, rscholl@judgememorial.com

Academic and Course Information

Ms. Bobbi Morgan, Counseling/Director of Student Services
801-517-2137, bmorgan@judgememorial.com

Tuition and Financial Tuition Assistance Information

Ms. Carol Smith, Finance
801-517-2125, csmith@judgememorial.com
Ms. Debbie Knutsen, Finance
801-517-2177, dknutsen@judgememorial.com

Parents/Guardians will be notified by general delivery mail of their student's enrollment status.

Final decision in all matters regarding admissions rests with the Administration of Judge Memorial Catholic High School.

FOR OFFICE USE ONLY

DATE	INITIAL	
_____	_____	Admissions
		Packet Received _____
		Missing Information _____
		Finance Office
_____	_____	Check #: _____ Cash: Receipt # _____
		Principal
_____	_____	Accepted _____
_____	_____	Conditional , Reason: _____
_____	_____	Denied, Reason: _____
		Admissions
_____	_____	Skyward _____
_____	_____	Immunization Verified _____
		Registrar
_____	_____	Files Setup _____
_____	_____	Transcript Ordered _____

Please type or print all information. Complete all fields or indicate (N/A) if non-applicable.

Last Name _____ First Name _____ Middle _____

Grade Level Applying for (circle one) 9 10 11 12 Male Female

Street _____

City/State _____ Zip _____

Home Phone _____ Date of Birth (Mo/Day/Yr) _____

School Now Attending _____ School District in which you reside _____

Religion of Student _____ Place of Worship (include name) _____

Student resides with: Both Parents Father Mother Other (specify) _____

Parent Marital Status: Married Divorced Separated Single

If divorced or separated, has court placed any restrictions on either parent? No Yes

If yes, documentation is required and must be included as part of application packet.

<input type="radio"/> Living Primary Parent		
<input type="radio"/> Deceased		
_____	_____	
Last Name	First Name	

Mailing Address (only if different than student)		
_____	_____	_____
City	State	Zip
_____	_____	_____
Home Phone	Cell Phone	
_____	_____	
Employer	Work Phone	
_____	_____	
Occupation	E-Mail Address	
_____	_____	

<input type="radio"/> Living Primary Parent		
<input type="radio"/> Deceased		
_____	_____	
Last Name	First Name	

Mailing Address (only if different than student)		
_____	_____	_____
City	State	Zip
_____	_____	_____
Home Phone	Cell Phone	
_____	_____	
Employer	Work Phone	
_____	_____	
Occupation	E-Mail Address	
_____	_____	

Stepparent or Guardian	
_____	_____
Last Name	First Name

Relationship to Student	
_____	_____
Home Phone	Cell Phone
_____	_____
Employer	Work Phone
_____	_____
Occupation	E-Mail Address
_____	_____

Stepparent or Guardian	
_____	_____
Last Name	First Name

Relationship to Student	
_____	_____
Home Phone	Cell Phone
_____	_____
Employer	Work Phone
_____	_____
Occupation	E-Mail Address
_____	_____

Student Ethnic Information	
<input type="radio"/> Asian	<input type="radio"/> Hispanic/Latino
<input type="radio"/> Black/African-American	<input type="radio"/> Pacific Islander
<input type="radio"/> Caucasian	
<input type="radio"/> Native American or Alaskan Native	
Language Spoken at Home: _____	

Financial Information	
Financial Responsibility parent/guardian/other name: _____	
Does student receive a Carson Smith Scholarship? <input type="radio"/> Yes <input type="radio"/> No	
_____	_____
Responsible Party Signature(s)	Date

Student Health Information

Parents/guardians are reminded that providing complete student physical/mental health information is vital to ensuring the appropriate support systems are available for your student so he/she may thrive and succeed at Judge Memorial.

Medical Precautions or Concerns: No Yes (please explain) _____

Physician: _____ Phone Number: _____

Special Educational Needs: No Yes (please explain and include most current documentation) _____

IEP 504 SAP _____

Accommodations Made: (please explain and include most current documentation) _____

Emotional/Mental Health Concerns: No Yes (please explain and include most current documentation if applicable)

I hereby give my permission for the Judge Memorial principal/designee to contact my child's current school for information regarding his or her disability.

Parent/Guardian Signature: _____ **Date:** _____

Please provide below any additional information or concerns you would like the Admissions Committee to be aware of and consider regarding your student.



STUDENT APPLICANT NAME:

Last

First

Middle

Grade Level Applying For (Circle One)

9 10 11 12

Alumni/Sibling Information

Primary Parent graduated from Judge Memorial or St. Mary's? No Yes If yes, year of graduation: _____

If female, maiden name _____

Primary Parent graduated from Judge Memorial? No Yes If yes, year of graduation: _____

Grandparents graduated from Judge Memorial or St. Mary's? No Yes

Paternal Grandfather: If yes, year of graduation: _____

Paternal Grandfather's name: _____

Maternal Grandfather: If yes, year of graduation: _____

Maternal Grandfather's name: _____

Paternal Grandmother: If yes, year of graduation: _____

If yes, maiden name: _____

Paternal Grandmother's name: _____

Maternal Grandmother: If yes, year of graduation: _____

If yes, maiden name: _____

Maternal Grandmother's name: _____

Please list only student's siblings.

Brothers/sisters currently attending Judge Memorial/Grad Year

Brothers/sisters who have graduated from Judge Memorial/Year

How did you first hear about Judge Memorial?

Please select all that apply:

- Family Member
- Friend/Neighbor
- Grade School Presentation
- Parish/Church
- Advertising, print
- Advertising, radio
- Advertising, television
- Advertising, billboard
- Flyer in local business (please specify) _____
- Other (please specify) _____



JUDGE MEMORIAL CATHOLIC HIGH SCHOOL Application Checklist and Information

All applications must include the required items listed below at the time the application is submitted.
Your student's application will not be reviewed if incomplete.

- **Report Card:** (Current 8th grade student only). First Semester or First Trimester report card for 2016-2017. Report card must be complete and clearly list subject and student grade. Judge does not request the report card from the student's current school nor require the current school to forward it to us. **It will be the parent/guardian responsibility to obtain the report card from their student's current school. Progress reports will not take place of parent-access report cards.**
- **Transcript:** (Current 9th, 10th, 11th, 12th grade student). Current unofficial transcript. Progress reports will not take place of the unofficial transcript nor will parent-access report cards. Judge does not request the unofficial transcript from the student's current school. **It will be the parent/guardian responsibility to obtain this unofficial transcript from their student's current school.**
- ***Immunization Record:** Completed immunization record currently signed and dated by your doctor's office or Utah Health Department. **(We do not accept copies from Parent Health Books/Records nor school copies of the immunization record)**
- **Current Testing:** Current testing, within the last three years, required for students who have an SAP, IEP or 504 Plan at their current school and or will require or request these accommodations while enrolled at Judge Memorial.
- **Parent/Guardian signatures:** Page 2 (required) and Page 3 (only if applicable)
- **Application Fee:** \$100.00 9th – 12th Grade, submit with application
Non-refundable

Tuition and Fees: Tuition for Utah Catholic Schools are determined typically in **late January** by the Bishop of the Diocese of Salt Lake City in consultation with diocesan administrators, pastors, principals, and board members and are published at that time. Families are responsible for uniform and book costs, as well as any fees required for participation in athletics and activities.



DIOCESE OF SALT LAKE CITY
CATHOLIC SCHOOLS
27 C STREET
SALT LAKE CITY, UTAH 84103
801-328-8641

**This serves as notification to any parent or guardian wishing to enroll a student into the Catholic Schools of the Diocese of Salt Lake City of the diocesan policy regarding immunizations:*

It is the policy of the diocese to enroll students who have been immunized into our school system. The policy will, however allow a student to be in our schools if they have an official Utah Health Department medical waiver on file with the school office. This form is usually available at doctors' offices, and may also be obtained from the Utah Department of Health.
Personal and religious exemptions are not allowed.