

For Office Use Only

Student Number _____

STUDENT: *LAST NAME* *FIRST NAME*

PLEASE CIRCLE GRADE APPLYING FOR

9 10 11 12



PARENT – STUDENT APPLICATION FOR ADMISSION

PLEASE RETURN THIS FORM TO:

STUDENT SERVICES
HOLY SPIRIT HIGH SCHOOL
500 NEW ROAD
ABSECON, NJ 08201

Phone (609) 646-3000 ext. 413 • Email: BeASpartan@HolySpiritHighSchool.com • Fax (609) 641-0681
www.HolySpiritHighSchool.com

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: _____ Student's Email Address: _____
5. Date of Birth: _____ Are you a U.S. citizen? _____ Yes _____ No
Month / Day / Year
6. Check all that apply:
- _____ African American _____ Asian American _____ Asian _____ Caucasian _____ Hispanic/Latino
- _____ Native American _____ Native Hawaiian/Pacific Islander _____ 2 or More Races/Ethnicities

(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: _____

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? _____

Signature of Student applying: _____

Signature of Parent/Guardian: _____

FOR OFFICE USE ONLY:

REGISTRATION DATE:

PAID:

CHECK NUMBER: