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DIRECTIONS: Please print or type the following information clearly. Return the completed application with the \$20 Application Fee. Make checks or money orders payable to **West Catholic High School**. All applicants for the 9th grade must take the Admissions Test. Our Tests on November 19th and December 3rd are the only scholarship testing opportunities. Any other test will be a replacement test. Students must complete an application on file in the Admissions Office at the time of the test. **Please indicate your test date preference. November 19th () or December 3rd ()**

Student: _____
First name Middle name Last name

Social Security Number: _____ - _____ Sex: _____ M/F Application for Grade 9 10 11 12

Street Address: _____ APT.: _____

City/State/Zip: _____

Parents/ Guardians at above address: _____
First name Last name (relationship to student, e.g. parent, grandparent, etc.)

Telephone Number: (____) _____

Student's Religion: _____ Registered Parish: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____ Date Entered USA: _____
month day year (Country) (if born outside USA)

Present School Attending: _____ Present School District: _____

Work Telephone for Parents: (Dad) _____ (Mom) _____

Parents Current Marital Status (check one):

- | | | | | |
|-----------------------------------|------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Widow | <input type="checkbox"/> Widower | <input type="checkbox"/> Unmarried | <input type="checkbox"/> Siblings: # Brothers _____
Sisters _____ |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | <input type="checkbox"/> Remarried | <input type="checkbox"/> Both Parents Deceased | |

Language spoke at Home (check only one):

- | | | | | | |
|-------------------------------------|----------------------------------|----------------------------------|-------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Italian | <input type="checkbox"/> Korean | <input type="checkbox"/> Lithuanian | <input type="checkbox"/> Polish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Sign | <input type="checkbox"/> Slovak | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | |

Ethnic Background (check only one):

- | | | | | |
|------------------------------------|---|-----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> African-American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native American | <input type="checkbox"/> Asian |
|------------------------------------|---|-----------------------------------|--|--------------------------------|

Second Parent Information - (If Divorced - Separated - Remarried)

Parent Name: _____ Relationship to Student: _____

Parent Address _____ APT. _____

City, State, Zip _____

Telephone Number (____) _____

Parent/Guardian Signature _____ Date _____