WEST CATHOLIC

WEST PHILADELPHIA CATHOLIC SCHOOL

APPLICATION FOR ADMISSIONS

2009 - 2010

4501 Chestnut Street, Philadelphia PA 19139-3699 • phone 215.386.2244 • fax 215.222.1651
www.westcatholic.org • email: brianfluckwe@hotmail.com

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 test on November 21st and December 5th are the only scholarship test. Any other test will just be a placement test. Students must have completed an application on file in the Admissions Office at the time of the test. **Please indicate your test date preference. November 21st ☐ or December 5th ☐**

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):
☐ Married ☐ Widow ☐ Widower ☐ Unmarried
☐ Divorced ☐ Separated ☐ Remarried ☐ Both Parents Deceased

Siblings: # Brothers _____
Sisters _____

Language spoke at Home (check only one):
☐ English ☐ Arabic ☐ Chinese ☐ French ☐ German ☐ Ukrainian
☐ Greek ☐ Italian ☐ Korean ☐ Lithuanian ☐ Polish ☐ Vietnamese
☐ Portuguese ☐ Sign ☐ Slovak ☐ Spanish ☐ Tagalog

Ethnic Background (check only one):
☐ White ☐ Black ☐ Hispanic ☐ Native American 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** _____

Mail to : Admissions Office • West Catholic High School • 4501 Chestnut Street • Philadelphia, PA 19139