ARCHDIOCESE OF CHICAGO

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OFFICE OF CATHOLIC SCHOOLS
HIGH SCHOOL PRE-ADMISSION FORM

GENERAL INFORMATION

Student's Legal Name: _____ **Date of Birth:**_____ **Sex: M**____ **F**____

Student's Address: _____

City: _____ **State:** _____ **Zip:**_____

Home Phone: _____ **Parent Cell Phone:** _____

Email Address: _____

Primary language spoken at home, if not English: _____

STUDENT'S ACADEMIC BACKGROUND - Attach a copy of the 7th (final) & 8th Grade (1st sem.) Report Cards.

_____ **to** _____
Elementary School **High School**

Grades Attended: PK K 1 2 3 4 5 6 7 8 **Previous School:** _____

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Attendance this year to date:

Days Absent: _____ **Times Tardy:** _____ **Home Schooled: YES**_____ **Grades:** _____

STUDENT'S ACADEMIC HISTORY - COURSE OF STUDY (Check all that apply 6th - 8th Grade)

_____ **Pre-Algebra**
_____ **Algebra**
_____ **World Language**
Specify: _____

_____ **ELL Instruction**
_____ **Special Education**
_____ **Title I**
_____ **Other Specify:** _____

STUDENT'S STANDARDIZED TESTING HISTORY - Please attach a copy of scores to this form - DO NOT use label.

ACT Aspire Date Administered: _____

Are the student's standardized test scores consistent with his/her classroom performance? YES____ **NO**____

(Explain variance) _____

_____

I/We would like to speak to a high school admission staff member about this student. YES____ **NO**____

If YES, contact: _____**Phone:** _____ **Email:** _____

Person Completing Form: _____ **Position:** _____

Principal's' Signature: _____ **Date:** _____

We have attached Report Cards and Standardized Test Scores YES____ NO____