



Routt Catholic High School ADMISSIONS APPLICATION

| | |
|---------------------|-------|
| For Office Use Only | |
| Date Received: | _____ |
| Records Release | _____ |
| Test Results | _____ |

STUDENT INFORMATION

Student will enter as a: Freshman Sophomore Junior Senior

Student Name: _____ Male: Female:

Last First Middle

Home Address: _____

Street City State Zip

Birth Date: ____/____/____

Birthplace: _____ Last School Attended _____

Religious Preference: _____ Parish Church _____

| | | | |
|---|--------------------------------------|---------------------------------|---------------------------------------|
| <u>FAMILY INFORMATION</u> How many students from your family are attending Routt this year: ____ | | | |
| Student lives with: Both Parents <input type="checkbox"/> | Mother <input type="checkbox"/> | Father <input type="checkbox"/> | Grandparents <input type="checkbox"/> |
| Step-Mother <input type="checkbox"/> | Step-Father <input type="checkbox"/> | Other <input type="checkbox"/> | Please specify _____ |
| Legal custody held by: Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint <input type="checkbox"/> Please provide court document discussing custody and education. | | | |

Father or Guardian Information

Please Circle: Mr. & Mrs. / Mr. / Mrs. / Ms. / Dr.

Name: _____ Email Address: _____

Address: (if different than student) _____

Home Phone: _____ Cell # _____

Marital Status: Married Divorced Separated Widowed Remarried Other

Place of Employment: _____ Occupation: _____

Business Address: _____ Business Phone/Cell: _____

Mother or Guardian Information

Please Circle: Mr. & Mrs. / Mr. / Mrs. / Ms. / Dr.

Name: _____ Email Address: _____

Address: (if different than student) _____

Home Phone: _____ Cell # _____

Marital Status: Married Divorced Separated Widowed Remarried Other

Place of Employment: _____ Occupation: _____

Business Address: _____ Business Phone/Cell: _____

If Applicable:

| | | | |
|---------------------------------|------------|------------------|----------------|
| Stepfather or Stepmother's name | Occupation | Name of Business | Business Phone |
|---------------------------------|------------|------------------|----------------|

If duplicate information/correspondence is requested for a non-Resident Parent, please provide the following information:

Name: _____ Relation to Student: _____

Address: _____

Does your child have a current Individual Education Program (IEP) for Special Education? Yes No

Has your child ever had an Individual Education Program (IEP) for Special Education? Yes No

Is there any special circumstance, diagnosis or information you would like to share about your child?

As a parent, what has attracted you to Routt Catholic High School?

What expectations do you have for your student here?

READ AND SIGN AS INDICATED: We understand that Routt reserves the right to cancel the registration of any student at any time for reason of deficiency in scholarship, unsatisfactory conduct, or for any other just cause.

The student agrees to comply with the regulations and requirements of Routt Catholic High School and to cooperate with the administration, faculty and students in maintaining high standards of conduct and scholarship and in promoting the general welfare of Routt Catholic High School.

Signature of Father/Guardian

Signature of Mother/Guardian

Signature of Student

Date

Routt shall admit students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The school will not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, athletic and other school administered programs.