

STUDENT NAME: _____

DATE: _____

**APPLICATION
DEADLINE**
January 23, 2018



Grade Entering
2018-2019 School Year
 9th 11th
 10th 12th

JUAN DIEGO CATHOLIC HIGH SCHOOL 2018-2019 School Year APPLICATION for ADMISSION

INSTRUCTIONS:

Please submit the following items to complete the application process. The application will be reviewed once all items are received.

1. **\$210.00** nonrefundable payment.
2. A copy of the student's most current REPORT CARD for incoming 9th grade students OR a COMPLETE high school TRANSCRIPT for incoming 10th, 11th or 12th grade students.
3. Immunization record on **Utah School Immunization Record Form**. Out-of-state applicants may send immunizations on doctor's form.
4. A copy of the student's Birth Certificate
5. A copy of any student evaluative testing relating to an IEP, 504 Plan, diagnosed health and/or learning impairments.
6. A copy of the student's Catholic Baptismal Certificate if requesting Catholic Tuition.

Send completed application and all items listed above to:

**Director of Admissions
Juan Diego Catholic High School
300 East 11800 South
Draper, UT 84020**

WHAT HAPPENS NEXT?

Once the application has been reviewed, families will be notified in a timely manner regarding acceptance. Accepted families will receive information about tuition, fees, payment options, the financial aid process, class registration and important dates to remember.

STUDENT INFORMATION

Student's Legal Name (last, first, middle)

Current Grade Level: 8 9 10 11 12
(Circle one)

Home Street Address

City, State

Zip

Mailing Street Address (if different from home address)

City, State

Zip

Home Phone Number

Date of Birth (month/day/year)

Place of Birth (city, state, country)

Male

Female

School Currently Attending

Other High Schools Attended

Public School District Student Would Attend

Student's Religion

Name of Parish/Church

Church City, State

**STUDENT ETHNICITY AND RACE
(both fields required)**

(used in reporting and college applications/scholarships)

Ethnicity: Hispanic Non-Hispanic

Race:

- American Indian/Native Alaskan Asian
- Native Hawaiian/Pacific Islander Black/African American
- Two or more races White

(as defined by the US Census Bureau)

**STUDENT EMERGENCY CONTACT
INFORMATION**

(Other than Parent/Guardian)

Emergency Contact 1 - Name

Cell Phone

Home Phone

Emergency Contact 2 - Name

Cell Phone

Home Phone

Emergency Contact 3 - Name

Cell Phone

Home Phone

Emergency Contact 4 - Name

Cell Phone

Home Phone

Special Medical Considerations:

Allergies:

In case of an emergency,

**I AUTHORIZE THE SCHOOL TO CALL AN AMBULANCE,
PARAMEDICS, OR FIRE DEPARTMENT AND TO
FOLLOW THEIR INSTRUCTIONS.**

**THE SCHOOL DOES NOT ASSUME RESPONSIBILITY IN
THE ABOVE EMERGENCY PROCEDURES USED AND
DOES NOT ASSUME PAYMENT RESPONSIBILITY FOR
MEASURES TAKEN.**

Parent/Guardian Signature

Date

FATHER/GUARDIAN

Last Name First Name Middle
 Father Step-Father Guardian Other

Spouse's name (if different from mother listed)

Street Address (if different from student)

City, State, Zip (if different from student)

Home Phone (if different from student)

Cell Phone

Email Address

Occupation

Employer

Work Phone Number

Religion

Name of Church/City/State

MOTHER/GUARDIAN

Last Name First Name Maiden
 Mother Step-Mother Guardian Other

Spouse's name (if different from father listed)

Street Address (if different from student)

City, State, Zip (if different from student)

Home Phone (if different from student)

Cell Phone

Email Address

Occupation

Employer

Work Phone Number

Religion

Name of Church/City/State

FAMILY INFORMATION

Primary Language spoken in the home: _____

Student lives with: Both Father & Mother in the same home

Parents are divorced or separated. Student lives with: _____

Are there restrictions regarding custody? Yes No **If yes, court records must be submitted.**

Restrictions: _____

Second Parent/Guardian Information
(not living at student's home address)

Correspondence to be sent to second parent/guardian: Yes No

Name _____

Home Phone _____

Address _____

Cell Phone _____

Work Phone _____

Email Address(es) _____

SIBLINGS

Last Name, First, Middle

Birth Date

Siblings attend:
Guardian Angel Daycare, SJB,
JDCHS or JD Graduate

How did you hear about Juan Diego Catholic High School?

Please tell us about your student and why you wish to enroll them at Juan Diego Catholic High School.

JDCHS philosophy is to teach the whole student. Therefore we strive to take students at their current level of performance and help them succeed in their school work. **Students with a documented learning disabilities or health/learning impairments are served much better if the school is notified in advance of enrollment.** We do have programs in place to provide academic support for students. However, we do not have a formal special education program. (Responses to these questions do not determine admission outcome for your student.)

Did your student skip any grades? _____ Repeat any grade? _____

Does your student have a current IEP (Individual Education Plan)? YES NO

Has your student ever had an IEP? YES If yes, what school year(s) was it in place? _____

Does your student have a current 504 Plan (special needs, modifications and accommodations plan)? YES NO

Has your student ever had a 504 Plan? YES If yes, what school year(s) was it in place? _____

Does your student have other diagnosed health and/or learning impairments? YES NO

If yes, please explain: _____

If you answered YES to any of these questions, please provide documentation (including testing results and recommendations) of impairment PRIOR to enrolling your student at Juan Diego Catholic High School.

Has your student ever been dismissed/asked to withdraw/suspended from school for any reason? YES NO

If yes, please explain: _____

If my student is accepted and enrolled at Juan Diego Catholic High School, I agree to have my student's home address and home phone number listed in (**please initial**):

Student Directory Car Pool

I will be applying for financial aid at <https://online.factsmgt.com/signin/3G31V>
(New families should apply within 21 days of acceptance to JDCHS) YES

Sex Offender Policy - If you, your spouse or any adult or youth living in your home is listed or has ever been listed on the National Sex Offender Public Registry, you and/or the sex offender are required to contact the principal or pastor prior to the sex offender being on school or parish property and participating in any school events.

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

(Parent/guardian signature needed to proceed with application process.)

OFFICIAL USE ONLY

Amt Pd _____ Check/Cash _____ Date _____