

STUDENT NAME: _____

DATE: _____



Grade Entering
2016-2017 School Year
9th Grade _____
10th Grade _____
11th Grade _____
12th Grade _____

JUAN DIEGO CATHOLIC HIGH SCHOOL 2016-2017 School Year APPLICATION for ADMISSION

INSTRUCTIONS:

1. Parent or guardian must complete and sign this form.
2. A \$200.00 nonrefundable payment must accompany this application. This payment includes a \$50.00 registration fee with the balance of \$150.00 being credited toward the \$650.00 general fee (the remaining \$500.00 balance of the general fee will be included in the student's monthly tuition payments.)
3. This application is NOT complete without a copy of your 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.
4. Immunization record on **Utah School Immunization Record Form** is required. Out-of-state applicants may send immunizations on doctor's form.
5. Birth Certificate is required.
6. Include a copy of any student evaluative testing listed on back page.
7. Copy of Catholic Baptismal Certificate is required, if requesting Catholic Tuition.
8. 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, and payment options
- Information on the financial aid process
- Information about class registration
- 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 Address (if different)

City, State

Zip

Home Phone Number

Date of Birth (month/day/year)

Place of Birth (city/state/country)

(Male)

(Female)

School Currently Attending

Public School District Student Would Attend

Student's Religion

Name of Parish/Church

Church City, State

**Ethnicity and Race
(BOTH FIELDS REQUIRED)**

(used in reporting and college applications/scholarships)

Student Ethnicity: Hispanic Non-Hispanic

Student Race:

- American Indian/Native Alaskan
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Multiple Race

(as defined by the US Census Bureau)

**STUDENT EMERGENCY INFORMATION
(Other than Parent/Guardian)**

Emergency Contact other than parents:

Name

()
Cell Phone

()
Home Phone

Emergency Contact other than parents:

Name

()
Cell Phone

()
Home Phone

Authorized Pickup other than parents & emergency contacts:

Name

()
Cell Phone

()
Home Phone

Authorized Pickup other than parents & emergency contacts:

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 (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 (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 is living with: Both Mother & Father listed above

Parents are divorced or separated, student lives with: _____

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

Restrictions: _____

Additional Parent/Guardian Information All student information 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

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 learning disabilities or documented 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 in need. 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 from school for any reason? _____

Suspended? _____ Asked to withdraw? _____

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.factsmgmt.com/signin/3G31V>
(New families should apply within 21 days of acceptance to JDCHS)

YES

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 _____