

Gloucester Catholic Junior High School



APPLICATION FOR ADMISSION

Grade Applying for _____

Student Name

First Middle Last

Street _____

City, State, Zip _____

Home Phone () _____ - _____

Date of Birth ____/____/____ Gender M F

Ethnicity (*circle*) African American -B1 Asian -A Filipino-F Hispanic-H
Multi-, No Response-M Native American -I Pacific Islander-P White-W

Present School _____

City/Town _____

Father's Name

First Middle Last

Father's Home Address _____

Father's Home Phone () _____ - _____ Father's Cell # () _____ - _____

Father's E-Mail _____

Father's Occupation _____

Father's Employer _____

Employer's Address _____

Work Phone () _____ - _____

Mother's Name

First Middle Last

Mother's Home Address _____

Mother's Home Phone () _____ - _____ Mother's Cell# () _____ - _____

Mother's E-mail _____

Mother's Occupation _____

Mother's Employer _____

Employer's Address _____

Work Phone () _____ - _____

Student resides with

____ **Mother & Father** ____ **Mother** ____ **Father** ____ **Other (Specify)** _____

Other's Home Phone () _____ - _____ Other's Cell# () _____ - _____

E-mail _____

Occupation _____

Employer _____

Employer's Address _____

Work Phone () _____ - _____

1. *Other children in family:*

<i>Name</i>	<i>School/High School/College</i>
_____	_____
_____	_____
_____	_____
_____	_____

2. GCHS Alumni with whom you are associated

Brother	Father	Uncle	Grandfather	Friend
Sister	Mother	Aunt	Grandmother	Step- parent

3. How did you learn about Gloucester Catholic Junior High School?

Why are you interested in attending Gloucester Catholic Junior High School?

Comments:

We are submitting this application to attend Gloucester Catholic Junior High School and verify that all information supplied is accurate.

Signatures:

Student _____ *Date* _____

Father _____ *Date* _____

Mother _____ *Date* _____

**Please submit copies of report cards for the last two years.
Mail the completed packet to the address below by JULY 14, 2011.**

**Please submit this application to
Mr. Tony Powers, Director of Admissions
333 Ridgeway St
Gloucester, NJ 08030**

**Admissions: (856) 456-4400
Fax: (856) 456-3599
e-mail: tpowers@gchsrams.org
Web site: www.gchsrams.org**

Gloucester Catholic Junior High School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of educational policies, admission policies, scholarship programs, athletic programs or other school-administered programs.

Office Use Only:

Date Received:

Date Called:

Gloucester Catholic Junior High School



APPLICATION FOR ADMISSION SUPPLEMENTAL

Please Print or Type.

Emergency Info

Family Physician: _____
Physician Address: _____
Physician Phone () _____ - _____
Emergency Contact: _____
Address: _____
Emer. Contact Phone: () _____ - _____ Emer. Contact Cell # () _____ - _____

Religious Info

Mother's Religion: _____
Father's Religion: _____
Student's Religion: _____
Parish: _____

If Roman Catholic/Protestant

Year of Baptism: _____
Church: _____
City/State: _____

First Communion (Yr): _____
Church: _____
City/State: _____

Year of Confirmation: _____
Church: _____
City/State: _____

We verify that all information supplied is accurate.

Student _____ *Date* _____

Father _____ *Date* _____

Mother _____ *Date* _____