

Vincent Memorial Catholic High School

2016-2017 Application

vmchs.com

525 W. Sheridan Ave Calexico, CA., 92231 Tel. (760)357-3461 Fax (760)357-0902 Email: office@vmchs.com

STUDENT INFORMATION		<i>To be completed by Parent or Guardian PLEASE PRINT OR TYPE</i>	
Male ___ Female ___	Application Grade (circle one) 9 10 11 12		Applicant's e-mail _____
Has applicant applied previously? Yes ___ No ___ If yes, when? _____ Applicant's Social Security # _____			
Full Legal Name of Applicant	Last Name _____	First Name _____	Middle Name _____
Applicant's Home Address:	Number & Street _____	City _____	Zip _____
Birthdate: Mo. _____ Day _____ Year _____		Birthplace: _____ Age _____	
Present School:	Present Grade: _____		Catholic ___ Public/Other ___
<u>US Mailing Address</u>		City _____	State _____ Zip _____
I-20 for Student Visa needed Yes ___ No ___		U.S.Citizen? Yes ___ No ___	
Religion: Catholic ___ Other(Please specify) _____ Parish Registered _____ Year Baptized _____ Confirmed _____			

<i>FATHER GUARDIAN SSN</i>	<i>MOTHER GUARDIAN SSN</i>
Full Name (Last) _____ First _____	Full Name (Last) _____ First _____
Home Address _____	Home Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____ Nextel _____	Home Phone _____ Nextel _____
Occupation _____ Work Phone _____	Occupation _____ Work Phone _____
E-mail _____	E-mail _____
Alumnus of VMCHS _____ Year Graduated _____	Alumna of VMCHS _____ Year Graduated _____
Check where appropriate: ___ Lives with both parents ___ Parents Divorced ___ Father Deceased (More than one item may ___ Lives with Father ___ Parents Separated ___ Mother Deceased be checked) ___ Lives with Mother ___ Lives with Guardian Other _____	

OTHER CHILDREN IN FAMILY: (Give names, ages, and school as applicable)		
Name _____	Age _____	School _____
Name _____	Age _____	School _____
Name _____	Age _____	School _____

BROTHERS, SISTERS OR OTHER RELATIVES WHO HAVE ATTENDED VINCENT MEMORIAL CATHOLIC HIGH SCHOOL:		
Name _____	Relationship _____	Years attended _____ to _____ Year Graduated _____
Name _____	Relationship _____	Years attended _____ to _____ Year Graduated _____
Name _____	Relationship _____	Years attended _____ to _____ Year Graduated _____

Are there any medical, psychological, learning or other difficulties which should be considered in planning your child's school program? Yes ___ No ___
 If yes, please explain: _____

I approve and endorse this application for my child (or ward) and, in consideration of his/her acceptance as a student at Vincent Memorial Catholic High School I hereby guarantee to Vincent Memorial Catholic High School the payment of his/her tuition and school fees and such other expenses as he/she may incur with the school, recognizing the right of the school to exclude at any time a student whose conduct or academic standing renders the student's position unacceptable at Vincent Memorial Catholic High School.

Father/Guardian Signature **Date** **Mother/Guardian Signature**

NOTE: The satisfactory completion of present grade in a recognized public, private or parochial school is necessary for admission. Evidence of such satisfactory work will be required prior to final acceptance. A copy of the applicant's grades for the past three years must be forwarded to VMCHS.