



PENINSULA CATHOLIC HIGH SCHOOL APPLICATION FOR ADMISSION GRADES 8 - 12

To be completed by Parent or Guardian

(Please Print)

To Enter Grade _____ Beginning Date _____

For Office Use Only:

Date Received:

Date of Acceptance:

Application Fee Paid

Check # _____

APPLICANT INFORMATION

Student's Name _____
Last First Middle

Home Address _____
City State Zip Code

Home Phone (_____) _____ Alternate Number (_____) _____

Male Female Date of Birth _____ Birth Place _____
Gender Month Day Year

Is student a US Citizen? _____ Religion _____ If Catholic, name of parish? _____

Current School _____

School's Address _____

Race/Ethnicity (for statistical purposes only) Check the **one** that is most characteristic.

- American Indian/Native Alaskan Asian Black/African American Hispanic
- Native Hawaiian/Other Pacific Islander White Multi-racial

Languages spoken at home _____

How did the student become interested in Peninsula Catholic High School?

If any immediate family members are or have been students at PCHS, give name, relationship, or graduating class:

Name	Relationship	Graduating Class
_____	_____	_____
_____	_____	_____

FAMILY INFORMATION

Please check **parent(s) or guardian(s) with whom student lives** and **furnish names:**

_____ Mother _____ Father _____

_____ Stepmother _____ Stepfather _____

_____ Guardian(s) _____ Relationship _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business Phone (____) _____ Business Phone (____) _____

Email _____ Email _____

If the applicant does not live with both parents, please indicate which parent will assume financial responsibility _____

Other custodial parent information (if appropriate):

Name _____
Last First Middle

Address _____
Number and Street City State Zip

Home Phone (____) _____ Email _____

Occupation _____

Employer _____ Business Phone (____) _____

Siblings

Name	Age	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the applicant previously applied to Peninsula Catholic High School? Yes No
If yes, briefly discuss any additional information you feel will be of value.

Are there any special accommodations (physical or learning) that need to be provided by the school?

Yes No If yes, please explain: _____

Has the applicant missed more than 20 days in any of the past three years? Yes No

If yes, please explain: _____

Has the applicant ever been suspended from school? Yes No

If yes, please explain: _____

AFFIDAVIT OF PRIOR SCHOOL EXPULSION As of July 1, 1993 Section 22. 1-32 of the Code of Virginia requires upon registration, a sworn statement of affirmation indicating whether the student has been expelled from school attendance at a private or public school for an offense relating to weapons, alcohol or drugs, or for the willful infliction to another person.

Has applicant ever been expelled or received an extended suspension from any school? Yes No

Signature Parent/Guardian

Date

SUBMIT THE SCHOOL RECORDS RELEASE AND TWO RECOMMENDATION FORMS TO YOUR PRESENT SCHOOL OR THE SCHOOL LAST ATTENDED.

THE APPLICATION CANNOT BE PROCESSED UNTIL ALL FORMS ARE COMPLETED AND RETURNED.

MAIL THE APPLICATION FOR ADMISSION AND APPLICANT SUPPLEMENT ALONG WITH A NONREFUNDABLE APPLICATION FEE OF \$100.00 PER FAMILY TO:

**Director of Admissions
Peninsula Catholic High School
600 Harpersville Road
Newport News, Virginia 23601**



STUDENT ACADEMIC AND INTEREST INVENTORY

To be completed by the student applicant
(Please print)

Applicant's Name: _____ To Enter Grade: _____

Please list the math courses and foreign language courses you have taken at the specified grade level:

Grade	Mathematics	Foreign Language
7		
8		
9		
10		
11		
12		

If you have not started a foreign language, indicate which of the following you prefer:
_____ French _____ Spanish _____ German

What kinds of activities have you participated in and enjoyed in school?

What kinds of activities have you participated in and enjoyed out of school?

Why do you think Peninsula Catholic High School would be a good place for you to go to school?

What do you feel is your best quality or talent?

Do you currently know students who attend or will be attending PCHS? Yes No

If yes, please name: _____

Applicant's Signature

Date