

St. Francis Central Coast Catholic High School



2011- 2012 *Application for Admission*

Important Freshman Admissions Dates

November 20 Open House 1:00 pm - 4:00 pm

**January 14 and
January 21** Placement Examination 9:00 am - 12:30 pm

The placement examination is required for all applicants to St. Francis Central Coast Catholic High School.
Please indicate your preference of date by checking the corresponding box.

Saturday, January 14, 2012

Saturday, January 21, 2012

Please arrive at 8:45 am to check-in; the exam will begin promptly at 9:00 am. Students need only bring a snack for breaks between exam sections. Pencils and pens will be provided. Calculators are not permitted.

Late applicants will be contacted with an exam date.

DECEMBER 30, 2011

**Application Submittal Deadline
for Priority Consideration (Form A)**

January 10

“Shadow-a-Shark” Program Begins

January 27

Application Completion Deadline

February 4

Interviews

February 17

Acceptance Notifications Sent

April 18

Registration Deadline for All Students



St. Francis Central Coast Catholic High School

2400 E. Lake Avenue · Watsonville · CA · 95076

831-724-5933

fax 831-724-5995

Application for Admission

To Be Completed by the Parent or Guardian

Please Print or Type

Candidate for the 9th 10th 11th 12th grade in the Fall of 2012

Full Legal Name of Applicant	Last Name	First	Middle	Nickname
	Number & Street	City	State	Zip
Applicant's Home Address				
Birthdate	Age	Male/Female	Birthplace	Home Phone #

Father/Guardian

Mother/Guardian

Last Name	First Name	Last Name	First Name
Street		Street	
City	State	Zip	City
Home Telephone	Cell Phone	Home Telephone	Cell Phone
Occupation	Work Telephone	Occupation	Work Telephone
Business Name		Business Name	
Business Address		Business Address	

Correspondence: How do you wish school correspondence to be addressed?

Mr. & Mrs. _____
 Mrs. _____ First and Last Name
 Ms. _____
 Mr. _____ Street
 Other _____
 Specify _____ City _____ State _____ Zip _____

Check Where Appropriate

- | | |
|--|--|
| <input type="checkbox"/> Lives with Both Parents | <input type="checkbox"/> Parents Divorced |
| <input type="checkbox"/> Lives with Mother | <input type="checkbox"/> Parents Separated |
| <input type="checkbox"/> Lives with Father | <input type="checkbox"/> Mother Deceased |
| <input type="checkbox"/> Lives with Guardian(s) | <input type="checkbox"/> Father Deceased |
| <input type="checkbox"/> Other (Explain): _____ | |

Present School Catholic Public Independent

Name _____

City _____

Years at School _____

Previous School (if any)

Name _____

City _____

Years at School _____

Reason for changing schools _____**Applicant's Cultural Background**

Ethnic Origin _____

Citizenship _____

Primary Language _____

Language Spoken at Home _____

Please describe level of fluency for any non-English language: _____

Religion _____**Church/Parish currently attending** _____**Other Children in Family (give names, ages, and schools as applicable)**

Name _____

Age _____

School _____

Name _____

Age _____

School _____

Name _____

Age _____

School _____

Name _____

Age _____

School _____

We recognize that some families apply to several schools in order to ensure a place for their son or daughter's high school career. Please help us plan for the needs of all our students by answering the following question:

St. Francis is our: First Choice Second Choice Other Choice

To what other schools are you applying? _____

All information provided within this application and its accompanying forms is confidential. It will be used by the school solely for the admissions process and ensuing enrollment purposes. Please mail this form, along with the **\$50.00** non-refundable application fee (check payable to St. Francis High School) as soon as possible, to the Admissions Office at St. Francis High School. The submittal deadline for priority consideration for the application and fee is **December 30, 2011**. All accompanying documents (transcripts, recommendation form, and test results) must be in to the Admissions Office no later than **January 27, 2012**.

Signature of Father (or Guardian) _____ Date _____

Signature of Mother (or Guardian) _____ Date _____

Shadow-a-Shark Date Request (Optional)

The dates below are available to Shadow-a-Shark. Please indicate your top three choices of dates on which to shadow as well as your e-mail address. You will receive a letter with confirmation of your Shadow date and details. Please know that dates will fill up early, and that all Shadow-a-Shark appointments must be set **at least one week in advance**. Please complete and return your application **early!**

Available Shadow - a - Shark Dates:**January****10, 18, 25****February****1, 6, 7, 14****March****7, 13, 27, 28****First Choice:** _____**Second Choice:** _____**Third Choice:** _____

If you have a preference of a current St. Francis student with whom you would like to shadow, please indicate on the line below. Otherwise, please identify activities (athletics, clubs, etc.) in which you are interested. We will make every effort to match you with your choice of student or someone who has similar interests.

Student or Interests: _____ E-mail address: _____

Parent / Guardian Statement

Please Print or Type

Attach extra sheets as necessary

1. Why have you chosen St. Francis Central Coast Catholic High School? What do you expect the school to provide for the applicant in terms of academic preparation, extracurricular activities, and religious formation?

2. Choose one word which best describes the applicant and explain.

“ _____ ”

3. What special talents, awards, interests and/or achievements do you wish to call to our attention?

4. Are there any special circumstances or considerations, including health problems, disabilities, counseling needs, etc., which may affect learning in a high school setting? Please explain in detail.

5. Has your child been tested for a learning disability? When was the last test date? Was your child qualified to receive special accommodations under a 504 or an IEP plan? Please include any and all documentation. Please also explain any accommodations made at a previous school.

Failure to disclose fully information critical to the applicant's educational needs may impact admissions and future continued enrollment status of the applicant.

Signature of person completing application _____ Date _____
Person completing the application _____ Relationship to applicant _____