

**APPLICANT NAME (LAST, FIRST):** \_\_\_\_\_

**GRADE APPLYING FOR:** 9    10    11    12    (Circle One)

**St. Vincent de Paul High School**  
849 Keokuk Street ~ P.O. Box 517 ~ Petaluma, Ca 94952

## **ADMISSION PACKET**

### **Test Registration, Application for Admission and Transcript Release Forms**

Please complete all sections of the test registration and application to avoid your application being returned and delaying the admission process. Priority notification regarding a decision of admissions will be made to those applicants testing in December. Please note the priority filing deadline for admissions is December 5, 2009.

**All Fees Are Non-Refundable**

Application and Testing Fee:	\$75.00 by December 5, 2009 \$100.00 after December 5, 2009
Application Fee Only: (If Applicant is testing at another facility)	\$50.00 by December 5, 2009 (\$75.00 after).
Testing Fee Only:	\$25.00 by December 5, 2009 (\$50.00 after).

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**ACT Explore Test Registration**

All incoming 9<sup>th</sup> and 10<sup>th</sup> Grade Applicants are required to take the Scholastic Testing Service High School Placement Test which is made up of three academic achievement tests covering English, Mathematics, and Reading in a timed sequence.

Pre-registration and filing priority is recommended for all applicants applying to SVHS.

All other notifications will be made at a later date.

Check One: (Note your reservation, no other notification will be sent)

- Saturday, December 5, 2009 (9:00 a.m. – 12:00, 8:30 Registration)
- Saturday, January 9, 2010 (9:00 a.m. – 12:00, 8:30 Registration)
- Exam to be taken at \_\_\_\_\_ on \_\_\_\_\_.  
*Name of Test Administrator**Date*

If you are applying to more than one school it is recommended that applicant test at the school which is their first choice to avoid delays in the application process.

To what other school(s) are you applying?

Catholic: \_\_\_\_\_.

Private: \_\_\_\_\_.

- Send HSPT test results to the following school\*: \_\_\_\_\_

\*In order for the test result to be forwarded please include an SASE (stamped and addressed envelope) directed to that school.

**St. Vincent de Paul High School**  
849 Keokuk Street ~ P.O. Box 517 ~ Petaluma, Ca 94952

**Application for Admission**

**GRADE APPLYING FOR:**                    **9**            **10**            **11**            **12**

**GENDER:**        ( ) male        ( ) female

Family Last Name(s): \_\_\_\_\_

*(Only if different from Applicant's)*

**Applicant's Legal Name:**

\_\_\_\_\_

Last Name                                      First Name                                      Middle Name                                      Preferred Name

Apt No \_\_\_\_\_

Home Street Address

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

City                                      State                                      Zip Code                                      Phone with Area Code

Age:                                      Date of Birth:                                      Birthplace:

Citizenship:    ( ) U.S. Citizen            ( ) other, please specify: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

***Please Complete the Following Information***

**Applicant Religious Affiliation:**

( ) Registered Catholic                                      Parish/City: \_\_\_\_\_

( ) Non-Registered Catholic                                      Parish/City: \_\_\_\_\_

Sacraments Received: ( ) Baptism ( ) First Communion ( ) Confirmation

( ) Non-Catholic                                      Denomination: \_\_\_\_\_

**Applicant Lives With:**

( ) Both Parents        ( ) Mother        ( ) Father        ( ) Step-Parent        ( ) Guardian

*If the Applicant does not live with both parents, please indicate parents' circumstances:*

( ) Separated        ( ) Divorced        ( ) Deceased (Mother / Father)

Which parent has legal custody: \_\_\_\_\_                      Joint custody:    Yes    No

Parent Applicant resides with: \_\_\_\_\_

Which parent will hold primary responsibility for Applicant? \_\_\_\_\_

*Other Family Members* Total Sibling(s): \_\_\_\_\_

Older: brother(s) \_\_\_\_\_ sister(s) \_\_\_\_\_    Younger: brother(s) \_\_\_\_\_ sister(s) \_\_\_\_\_

*Please list names of family members who are attending or have graduated from SVHS:*

**Applicant's Current School Information and Academic History**

School Name: \_\_\_\_\_ Phone: ( )

Address/City/State/ZIP:

Neighborhood public high school: \_\_\_\_\_

How many days has Applicant been absent this school year to date? \_\_\_\_\_

What were the reasons?

Has Applicant ever been detained a grade? ( ) no ( ) yes, specify grade: \_\_\_\_\_

Has Applicant ever skipped a grade? ( ) no ( ) yes, specify grade: \_\_\_\_\_

Has Applicant ever been suspended from school: ( ) no ( ) yes

Has Applicant had any behavioral issues at school: ( ) no

( ) yes, please explain:

Has the Applicant had supplemental, diagnostic, educational or psychological testing in addition to the regular Standardized testing of the school? ( ) no

( ) yes, please explain:

Has Applicant had special tutoring? ( ) no

( ) yes, please explain subject area(s):

Has any learning disability been identified? ( ) no

( ) yes, please explain:

Does Applicant have a Support Plan, I.E.P, 504 or Modified Curriculum Program? ( ) no

( ) yes, please explain:

<b>Parent/Guardian of Applicant Information</b>		
<b>Mother</b>	Last Name	First Name
Address/City/State/ZIP:		
Home Phone: (    )		Cell Phone: (    )
Occupation:		email:
Employer:		Business phone: (    )
Religion: (    ) Catholic (    ) Other, please specify:		
<b>Father</b>	Last Name	First Name
Address/City/State/ZIP:		
Home Phone: (    )		Cell Phone: (    )
Occupation:		email:
Employer:		Business phone: (    )
Religion: (    ) Catholic (    ) Other, please specify:		
<b>Step Parent/Guardian</b>	Last Name	First Name
Address/City/State/ZIP:		
Home Phone: (    )		Cell Phone: (    )
Occupation:		email:
Employer:		Business phone: (    )
Religion: (    ) Catholic (    ) Other, please specify:		
<b>Step Parent/Guardian</b>	Last Name	First Name
Address/City/State/ZIP:		
Home Phone: (    )		Cell Phone: (    )
Occupation:		email:
Employer:		Business phone: (    )
Religion: (    ) Catholic (    ) Other, please specify:		
<b>Address all correspondence regarding this Applicant as follows:</b>		
<input type="checkbox"/> Mr. and Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:		
Name/Address/City/State/ZIP:		
<b>I am requesting a financial aid packet be sent to:</b> <input type="checkbox"/> correspondence address above		
Name/Address/City/State/ZIP:		

**Parent/Guardian Questionnaire**

***State the reasons you have chosen SVHS for your Applicant:***

***Describe your Applicant's Strengths and Weaknesses:***

***Are there special circumstances regarding the Applicant you wish SVHS to consider?***

***What will you expect your Applicant to have gained by graduation from his/her time at SVHS?***

**Applicant Questionnaire - In your own words hand write your answers to the following:**

**Why are you, the Applicant, interested in attending SVHS?**

**What extra curricular activities, talents and contributions could you bring to the SVHS Community?**

**What is your favorite subject in school and why?**

**By graduation, what will you expect to have gained from your time here at SVHS?**

I declare that to the best of my knowledge and belief the information provided on this application is true and complete.

Signature of Applicant: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ date: \_\_\_\_\_

**Please send completed application with non-refundable application and/or testing fee to:**

St. Vincent de Paul High School  
Attn: J. Perry, Director of Admissions  
P. O. Box 517, Petaluma, CA 94953

Admission to St. Vincent High School is open to any Applicant of high school age, who in the judgment of the administration is capable of attaining at least an average degree of success with the program provided by this school. The Catholic schools in the Diocese of Santa Rosa, mindful of their mission to be witnesses to the love of Christ for all, admit Applicants of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to Applicants at the schools. The Catholic schools in the Diocese of Santa Rosa do not discriminate on the basis of race, color, national or ethnic origin in the administration of educational policies, admissions policies, scholarship and loan programs, athletic and other school-administered programs. Likewise, the Catholic schools in the Diocese of Santa Rosa do not discriminate against any Applicant for employment on the basis of sex, handicap, race, color and national or ethnic origin.

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## ***Transcript/Records Release Form***

***This release must be signed to complete your application!***

In order for the Applicant to be evaluated for admission to St. Vincent de Paul High School, the school will need to obtain information from the Applicant's current school and any previous school(s) if less than two years attendance has been completed at the present school.

Current School Name:

Applicant Name:

Grade level:

Date of Birth:

Previous School Name:

Not Applicable

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone : (     )

I hereby authorize and consent to the release of information which may include a transcript of grades, standardized testing, disciplinary and attendance records for the purpose of evaluating this Applicant for admissions to St. Vincent de Paul High School. I also acknowledge that the school will be sending a confidential school/teacher/counselor recommendation form and hereby waive rights to this form.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Attention: Applicant's School(s)**

Please forward, grades, attendance and disciplinary records for the above named Applicant to:

St. Vincent de Paul High School  
Attn: J. Perry, Director of Admissions  
P. O. Box 517  
Petaluma, CA 94953