

601 E College Ave, Waukesha, WI 53186-5538 (262)542-7101, ext. 204 www.catholicmemorial.net

## CATHOLIC MEMORIAL HIGH SCHOOL APPLICATION FOR ADMISSION

Student applying for admission to grade: \_\_\_9\_\_\_ \_\_\_10\_\_\_ \_\_\_11\_\_\_ \_\_\_12\_\_\_ CMH Anticipated Graduation: 20\_\_\_

- This application must be completed by all incoming freshmen and transfer students applying to Catholic Memorial High School.
- A non-refundable admissions fee of \$25 must accompany all admissions applications.
- Please note: To receive full consideration, admissions applications should be submitted by October 31st, fully completed. It is requested that all incoming freshmen take the placement test administered by CMH. After all required information has been received and evaluated, the prospective student and his/her parent will be notified by January 1st of the student's admission status.

### Student Information

*PLEASE PRINT ALL INFORMATION*

Name \_\_\_\_\_ Male Female  
Last First M Initial

Name Student goes by \_\_\_\_\_

Student's Primary Address \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code + 4

Home Phone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Month Day Year

Student Lives With:  
 Mother and Father \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Student Email Address \_\_\_\_\_

Present School \_\_\_\_\_ Religion \_\_\_\_\_  
Name City

Parish/Church \_\_\_\_\_  
Name City

How did you find out about CMH? \_\_\_\_\_

Has student ever been dismissed from any school for disciplinary reasons? If yes, please explain: \_\_\_\_\_

If applying as a transfer student, please indicate reason(s) for transfer: \_\_\_\_\_

## Family Information

Father's Name\* Title  Mr.  Dr.  Other \_\_\_\_\_  
Last First Preferred Name

Home Address \_\_\_\_\_  
Street Address

City State Zip Code + 4

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Father Email \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_  
Name of Company Job Title

Father Catholic Memorial Alumnus? Yes \_\_\_\_\_ No \_\_\_\_\_ Year Graduated \_\_\_\_\_

Mother's Name\* Title  Ms.  Mrs.  Dr.  Other: \_\_\_\_\_  
Last First Preferred Name

Home Address \_\_\_\_\_  
Street Address

City State Zip Code + 4

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Mother Email \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_  
Name of Company Job Title

Mother Catholic Memorial alumna? Yes \_\_\_\_\_ No \_\_\_\_\_ Year Graduated \_\_\_\_\_

\*If applicable, Stepparent(s) \_\_\_\_\_

Title  Mr.  Ms.  Mrs.  Dr.  Other: \_\_\_\_\_

Employer \_\_\_\_\_  
Name of Company Job Title

Stepparent Catholic Memorial Alumnus? Yes \_\_\_\_\_ No \_\_\_\_\_ Year Graduated \_\_\_\_\_

**Mailings should be sent to:**  
\_\_\_\_\_ Mother and Father \_\_\_\_\_ Father \_\_\_\_\_ Mother Others (please specify) \_\_\_\_\_

## Parent

I want my child to attend Catholic Memorial High School because:

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please list all siblings or other relatives who attend or have attended Catholic Memorial High School**

Name	Relationship	Grade/ Graduation Year
Name	Relationship	Grade/ Graduation Year
Name	Relationship	Grade/ Graduation Year
Name	Relationship	Grade/ Graduation Year

**Please list all other siblings (not listed above)**

First & Last Name	Birthdate	M/F	Grade	School presently attending
First & Last Name	Birthdate	M/F	Grade	School presently attending
First & Last Name	Birthdate	M/F	Grade	School presently attending
First & Last Name	Birthdate	M/F	Grade	School presently attending

**Student Background**

Please list all activities that student currently participates in:

_____	_____
_____	_____
_____	_____

List any awards that student has received and/or accomplishments you feel are significant:

_____
_____
_____

**Student**

I want to attend Catholic Memorial High School because:

_____
_____
_____
_____

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Academic Information**

Please supply student's 7th grade final grades for the following subjects:

Math \_\_\_\_\_ Reading \_\_\_\_\_

Science \_\_\_\_\_ Social Studies \_\_\_\_\_

Please list classes student is taking during 8th grade year.

\_\_\_\_\_  
\_\_\_\_\_

**Scholarship and Tuition Assistance Information**

\_\_\_ YES, PLEASE SEND ME INFORMATION REGARDING TUITION ASSISTANCE

Parents/Guardians: I/We agree to assume responsibility for all tuition, fees, books and other expenses of my/our student while attending CMH. This agreement will be in effect for each semester the student is enrolled at CMH. I/We give permission for CMH to request and receive all pertinent records from my/our student's current school of attendance. (On applications where only one signature of a parent/guardian is provided, CMH will assume that this parent/guardian will be solely responsible for the student's tuition and other expenses.)

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

**Please submit completed application and the non-refundable \$25 application fee to:**

Catholic Memorial High School  
Office of Admission  
601 E College Ave  
Waukesha, WI 53186-5538  
Fax: 262.521.4444

**For office use only:** Date Received \_\_\_\_\_ Check # \_\_\_\_\_  
Amt \$ \_\_\_\_\_ Date Entered \_\_\_\_\_