

# APPLICATION FOR ADMISSIONS

**Albertus Magnus High School**  
**798 Route 304**  
**Bardonia, NY 10954**  
[www.albertusmagnus.net](http://www.albertusmagnus.net)  
**845-623-8842**



## Applicant Information – Please Print

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Name \_\_\_\_\_  
First Last Middle Preferred Name

Address \_\_\_\_\_  
Street City State Zip Code

Home Telephone (include area code) \_\_\_\_\_

Parent's primary e-mail address \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_

Sex (Female/Male) \_\_\_\_\_

Ethnicity \_\_\_\_\_

Religion \_\_\_\_\_ Parish/Church Affiliation \_\_\_\_\_

## Education

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Current School \_\_\_\_\_ Current Grade \_\_\_\_\_ Years Attending \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone (include area code) \_\_\_\_\_

If entering 9<sup>th</sup> grade, did applicant take COOP Exam? Yes  No

If attending less than two years, list previous school \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone (include area code) \_\_\_\_\_

List applicant's participation in:

**Athletics**

**Fine Arts**

**Clubs**

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## Family Information

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Applicant lives with:  Father  Mother  Both  Other \_\_\_\_\_

Person financially responsible:  Father  Mother  Both  Other \_\_\_\_\_

Check all that apply:  Parents Married  Father Deceased  Father Remarried

Parents Separated  Mother Deceased  Mother Remarried

Parents Divorced

**Parent/Guardian Name** \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip Code

Home Telephone (include area code) \_\_\_\_\_

E-mail address \_\_\_\_\_

Occupation \_\_\_\_\_ Job Title \_\_\_\_\_

Employer \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip Code

Home Telephone (include area code) \_\_\_\_\_

E-mail address \_\_\_\_\_

Occupation \_\_\_\_\_ Job Title \_\_\_\_\_

Employer \_\_\_\_\_

## Siblings

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\_\_\_\_\_  
Name Grade School Attending City/State

\_\_\_\_\_  
Name Grade School Attending City/State

\_\_\_\_\_  
Name Grade School Attending City/State

## Alumni Relations

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List all relations that attended Albertus Magnus High School

\_\_\_\_\_  
Last Name First Name Relationship Class of

\_\_\_\_\_  
Last Name First Name Relationship Class of

\_\_\_\_\_  
Last Name First Name Relationship Class of

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Letters of recommendation are welcome but not necessary. If submitting, letters MUST be attached to this application form.**