

# 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

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

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

Home Telephone (include area code) \_\_\_\_\_ Parent's primary e-mail address \_\_\_\_\_ Student's primary e-mail address \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_ Sex (Female/Male) \_\_\_\_\_ Ethnicity \_\_\_\_\_

Language spoken at home \_\_\_\_\_ United States Citizen \_\_\_\_\_ If no, country of citizenship \_\_\_\_\_  
Yes / No

If not a U.S. Citizen, will I-20 Immigration form be needed? Yes  No

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

## Education

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**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 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**