

STUDENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**APPLICATION  
DEADLINE**  
January 22, 2019



Grade Entering  
2019-2020 School Year

<input type="checkbox"/> 9 <sup>th</sup>	<input type="checkbox"/> 11 <sup>th</sup>
<input type="checkbox"/> 10 <sup>th</sup>	<input type="checkbox"/> 12 <sup>th</sup>

## JUAN DIEGO CATHOLIC HIGH SCHOOL 2019-2020 School Year APPLICATION for ADMISSION

### INSTRUCTIONS:

Please submit the following items to complete the application process. The application will only be reviewed once all items listed below are received.

1. **\$210.00** non-refundable application fee.
2. For an incoming 9<sup>th</sup> grade student, a copy of the student's most current REPORT CARD, and for an incoming 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> grade student, a COMPLETE high school TRANSCRIPT.
3. Immunization record on **Utah School Immunization Record Form**. Out-of-state applicants may send immunization record on a physician's form.
4. A copy of the student's Birth Certificate.
5. A copy of any student evaluative testing relating to an IEP, 504 Plan, diagnosed health and/or learning impairments.
6. If requesting Catholic Tuition rate, a copy of the student's Catholic Baptismal Certificate.

Send completed application and all items listed above to:

**Director of Admissions  
Juan Diego Catholic High School  
300 East 11800 South  
Draper, UT 84020**

### WHAT HAPPENS NEXT?

Once the application has been reviewed, families will be notified in a timely manner regarding acceptance. Accepted families will receive information about tuition, fees, payment options, the financial aid process, class registration and important dates to remember.

## STUDENT INFORMATION

Student's Legal Name (**last, first, middle**)

**Current** Grade Level: 8 9 10 11 12  
(Circle one)

Home Street Address

City, State

Zip

Mailing Street Address (**if different from home address**)

City, State

Zip

Home Phone Number

Date of Birth (month/day/year)

Place of Birth (city, state, country)

Male

Female

**School Currently Attending**

Other High Schools Attended

Public School District Student Would Attend

Student's Religion

Name of Parish/Church

Church City, State

## STUDENT ETHNICITY AND RACE

(**both fields are required**)

(used in reporting and college applications/scholarships)

**Ethnicity:**  Hispanic  Non-Hispanic

**Race:**

- American Indian/Native Alaskan  Asian  
 Native Hawaiian/Pacific Islander  Black/African American  
 Two or more races  White

(as defined by the US Census Bureau – [www.census.gov](http://www.census.gov))

## STUDENT EMERGENCY CONTACT INFORMATION

(**Other than Parent/Guardian**)

Emergency Contact 1 - Name

Cell Phone

Home Phone

Relationship to student

Emergency Contact 2 - Name

Cell Phone

Home Phone

Relationship to student

Emergency Contact 3 - Name

Cell Phone

Home Phone

Relationship to student

Emergency Contact 4 - Name

Cell Phone

Home Phone

Relationship to student

Special Medical Considerations:

Allergies:

**In case of an emergency,  
I AUTHORIZE THE SCHOOL TO CALL AN AMBULANCE,  
PARAMEDICS, OR FIRE DEPARTMENT AND TO FOLLOW  
THEIR INSTRUCTIONS.  
THE SCHOOL DOES NOT ASSUME RESPONSIBILITY IN  
THE ABOVE EMERGENCY PROCEDURES USED AND DOES  
NOT ASSUME PAYMENT RESPONSIBILITY FOR MEASURES  
TAKEN.**

Parent/Guardian Signature

Date

**FATHER/GUARDIAN**

**MOTHER/GUARDIAN**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 Father  Step-Father  Guardian  Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden \_\_\_\_\_  
 Mother  Step-Mother  Guardian  Other

Spouse's name (if different from mother listed) \_\_\_\_\_

Spouse's name (if different from father listed) \_\_\_\_\_

Street Address (if different from student) \_\_\_\_\_

Street Address (if different from student) \_\_\_\_\_

City, State, Zip (if different from student) \_\_\_\_\_

City, State, Zip (if different from student) \_\_\_\_\_

Home Phone (if different from student) \_\_\_\_\_

Home Phone (if different from student) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

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

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Name of Church/City/State \_\_\_\_\_

Name of Church/City/State \_\_\_\_\_

**FAMILY INFORMATION**

Primary Language spoken in the home: \_\_\_\_\_

Student lives with:  Both Father & Mother in the same home

Parents are divorced or separated. Student lives with: \_\_\_\_\_

Are there restrictions regarding custody?  Yes  No **If yes, court records must be submitted.**

Restrictions: \_\_\_\_\_

**Second Parent/Guardian Information**

Correspondence to be sent to second parent/guardian:  Yes  No

(not living at student's home address)

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address(es) \_\_\_\_\_

**SIBLINGS**

Last Name, First, Middle

Birth Date

**Siblings attend:**  
Guardian Angel Daycare, SJB,  
JDCHS or JD Graduate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Juan Diego Catholic High School?

Please tell us about your student and why you wish to enroll them at Juan Diego Catholic High School.

JDCHS' philosophy is to teach the whole student. Therefore, we strive to take students at their current level of performance and help them succeed in their school work. **Students with documented learning disabilities or health/learning impairments are served much better if the school is notified in advance of enrollment.** We do have programs in place to provide academic support for students. However, we do not have a formal special education program. (Responses to these questions do not determine admission outcome for your student.)

Did your student skip any grade? \_\_\_\_\_ Repeat any grade? \_\_\_\_\_

Does your student have a current IEP (Individual Education Plan)?  YES  NO

Has your student ever had an IEP?  YES If yes, what school year(s) was it in place? \_\_\_\_\_

Does your student have a current 504 Plan (special needs, modifications and accommodations plan)?  YES  NO

Has your student ever had a 504 Plan?  YES If yes, what school year(s) was it in place? \_\_\_\_\_

Does your student have other diagnosed health and/or learning impairments?  YES  NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you answered YES to any of these questions, please provide documentation (including testing results and recommendations) of the impairment PRIOR to enrolling your student at Juan Diego Catholic High School.**

Has your student ever been dismissed/asked to withdraw/suspended from school for any reason?  YES  NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

If my student is accepted and enrolled at Juan Diego Catholic High School, I agree to have my student's home address and home phone number listed in the Car Pool directory (**please initial, if applicable**): \_\_\_\_\_

**I will be applying for financial aid at <https://online.factsmgt.com/signin/3G31V>** YES   
(New families should apply within 21 days of acceptance to JDCHS)

If financial responsibility is split, please state the percentage of responsibility for each person listed below.

NAME	RELATIONSHIP	PERCENTAGE
_____	_____	_____
NAME	RELATIONSHIP	PERCENTAGE
_____	_____	_____

Sex Offender Policy - If you, your spouse or any adult or youth living in your home is listed or has ever been listed on the National Sex Offender Public Registry, you and/or the sex offender are required to contact the principal or pastor prior to the sex offender being on school or parish property and participating in any school events.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

(Parent/guardian signature needed to proceed with application process.)

OFFICIAL USE ONLY		
Amt Pd _____	Check/Cash _____	Date _____