

STUDENT NAME: _____

DATE: _____



Grade Entering
2019-2020 School Year

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

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 9th grade student, a copy of the student's most current REPORT CARD, and for an incoming 10th, 11th or 12th 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)

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

Siblings attend:

Guardian Angel Daycare, SJB,
JDCHS or JD Graduate

Last Name, First, Middle

Birth Date

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.factsmgmt.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 _____

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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 _____