

FAMILY INFORMATION

Parents' marital status

Married Divorced Separated Single Parent Deceased Mother Deceased Father

Father's or Guardian's Personal Data

Stepfather

If legal guardian is not student's father, please check

Name (If different from student):

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

Occupation:

Birthplace:

Highest Level of Education:

Elementary

High School

Associates

Bachelors

Graduate School

Mother's or Guardian's Personal Data

Stepmother

If legal guardian is not student's mother, please check

Name (If different from student):

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

Occupation:

Birthplace:

Highest level of Education:

Elementary

High School

Associates

Bachelors

Graduate School

Brothers/Sisters

Name

Age

Name

Age

Name

Age

Name

Age

Health Information

Does the applicant have any physical conditions of which the school should be aware (hearing, vision, diabetes, allergy, etc?)

Is there medication involved? Please explain: _____

- Has the applicant ever had a psycho-education evaluation? YES NO *Date _____
- Has the applicant been tested for Learning Disability? YES NO *Date _____
- Has the applicant been tested for Attention Deficit Disorder? YES NO *Date _____
- Does the applicant currently have an IEP? YES NO *Date _____
- Has the applicant participated in bilingual educational program? YES NO *Date _____

**If you answered yes to any of the questions above, please provide the date the applicant was tested.*

Signature

Parent/Guardian Signature

Student Signature

Date



APPLICATION FOR ADMISSION
PLEASE COMPLETE AND RETURN APPLICATION TO:
 Mr. Pierre Edmonds, Director of Admissions,
 Martha Magaña, Admissions Office Coordinator
 501 S. Martin Luther King Jr. Ave, Waukegan, IL 60085
 Phone: 847.244.6895 Fax: 847.244.8237

Photo

STUDENT INFORMATION Today's Date _____

Applying for:

Freshman Year Sophomore Year Junior Year Senior Year

Full Name
 First _____ Middle Initial _____ Last _____

Date of Birth ___/___/___ Birthplace _____ Country _____ Gender _____

Social Security # _____-____-____ Ethnic Background _____ Languages Spoken at Home _____

Home Address _____
 City _____ State _____ Zip _____ Home Phone # _____

How did you hear about St. Martin de Porres High School? _____

How will the applicant get to school? CTA Car Walk Other _____

Does the applicant live more than 1.5 miles from St Martin de Porres High School? Yes No

Current School Information

Current School's Name _____

Current School's Address _____

City _____ State _____ Zip _____ Phone# _____

Religious Information

Religious Affiliation _____ Parish _____

Emergency Contact (Other than Parents)

Full Name _____ Phone # _____ Relationship _____

Full Name _____ Phone # _____ Relationship _____