

## Application for Admission

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# Rosary High School

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901 N. Edgelawn Drive • Aurora, IL 60506 • Ph. 630-896-0831 • Fax: 630-896-8372 • [www.rosaryhs.com](http://www.rosaryhs.com)



### Admission Policies

**Rosary High School** is dedicated to serving the spiritual and educational needs of young Catholic women who demonstrate a commitment to Rosary's mission, goals, and religious values, and who will best benefit from its college preparatory academic program. Rosary High School admits a broad cross section of students with varying academic, leadership, athletic and artistic abilities. Rosary seeks a student body which will benefit from and contribute to academic excellence within a community of faith.

# STUDENT INFORMATION

Please **print** all information in ink.

School Year: 20\_\_\_\_\_ to 20\_\_\_\_\_ Application for grade:  9  10  11

Applicant's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ Phone : \_\_\_\_\_  
*Street City State Zip*

Applicant's SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
*(mo/day/year) (City, State)*

Applicant's Religion: \_\_\_\_\_ Parish/Church family is registered in: \_\_\_\_\_  
*(Name, City, and State of Parish/Church)*

Public high school in your district: \_\_\_\_\_

Father's name: \_\_\_\_\_  Living  Deceased  
*First Last*

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_  
*Employer Address Title/Position Phone*

Mother's name: \_\_\_\_\_  Living  Deceased  
*First Maiden Last*

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_  
*Employer Address Title/Position Phone*

Is mother a Rosary alumna?  Yes  No If yes, Class of \_\_\_\_\_

Step-father's name: \_\_\_\_\_  
*First Last*

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_  
*Employer Address Title/Position Phone*

Step-mother's name: \_\_\_\_\_  
*First Last*

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_  
*Employer Address Title/Position Phone*

Do parent's reside at the same address?  Yes  No If no, what is the name and address of non-custodial parent?

\_\_\_\_\_  
*Name (First & Last) Street Address City State Zip Code*

*Copies of educational information and records will be sent to both parents unless legal documentation stating otherwise is provided.*

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List sisters currently enrolled at Rosary:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

List sisters who have already graduated from Rosary High School:

Name: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

Name: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

Is the applicant being treated by a medical doctor or taking medicine?  Yes  No If yes, explain:

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Has the applicant ever been diagnosed, counseled, or treated by a psychiatrist, psychologist, independent counselor or social worker?

Yes  No If yes, explain:

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List dates of treatment: \_\_\_\_\_

Is treatment ongoing?  Yes  No

Has the applicant ever appeared before juvenile authorities for alleged misconduct?  Yes  No If yes, explain:

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## SCHOOL BACKGROUND

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Please list the elementary school(s) and dates the applicant has attended:

*Name, City, State of School* \_\_\_\_\_ *Dates Attended* \_\_\_\_\_

*Name, City, State of School* \_\_\_\_\_ *Dates Attended* \_\_\_\_\_

*Name, City, State of School* \_\_\_\_\_ *Dates Attended* \_\_\_\_\_

*Please fill out reverse side*

# TRANSFER STUDENT INFORMATION

The following information is to be completed for transfer students only.

Please list the previous high school(s) and dates the applicant has attended:

\_\_\_\_\_  
*Name, City, State of School* *Dates Attended*

\_\_\_\_\_  
*Name, City, State of School* *Dates Attended*

Has the applicant ever been on academic probation?  Yes  No

Has the applicant ever been on disciplinary probation?  Yes  No If yes, please explain: \_\_\_\_\_

Has the applicant ever skipped an academic year?  Yes  No

Has the applicant ever repeated an academic year?  Yes  No

Does the applicant now or has she had in the past an Individual Education Plan (IEP) or a 504 Plan?  Yes  No  
If yes, please attach a copy of the plan.

Please attach a copy of applicant's most recent report card.

## STUDENT/PARENT RESPONSIBILITIES AGREEMENT

The applicant agrees to update this application and notify Rosary High School of any material changes in grades or conduct which occur between the date of the application and the first day of school. Examples of material changes include but are not limited to failure to pass eighth grade, failure to pass a course, suspension/expulsion from school and/or arrests.

The applicant is expected to comply with the rules of Rosary High School as stated in the handbook for students and parents/guardians.

I declare the information on this form is true, correct, and complete. Failure to be honest and complete this application may lead to dismissal from Rosary High School.

**Both applicant and parent(s) must sign this application.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## SOURCE REFERRAL

How did you learn about Rosary High School?

- Alumna  Current School  Parish/Pastor  Rosary Mailing  Website  
 Current Rosary Parent  Past Rosary Parent  Local Reputation  Newspaper  Other

### **Incoming Freshmen Checklist:**

- Completed Application for Admission  
 \$30.00 testing/application fee (make checks payable to Rosary High School)  
 Release of Records form (signed by parent/guardian)  
 Return the above items directly to Rosary. If returning by mail, please send to:  
Rosary High School  
Attn: Admissions Dept.  
901 N. Edgelawn Drive  
Aurora, IL 60506

**PLEASE PHOTOCOPY THIS APPLICATION FOR YOUR RECORDS.**

updated Sep 2010