



**ARCHBISHOP
MCNICHOLAS**
THAT YOUTH MAY ATTAIN FULL STATURE IN CHRIST

Application for Admission

Applicant Information (please print):

I am applying for the McNicholas High School Class of 20_____

I am a transfer student _ yes _ no

Name: _____
First Middle Last

Preferred name: _____

Address: _____
Street

Home Phone: _____

City State Zip Code

Date of Birth _____ / _____ / _____

Current School _____

_____ Male _____ Female

Public School District of Residence _____

Ethnic Origin:

_____ African American _____ Asian/Pacific Islander _____ Hispanic
 _____ American Indian _____ Caucasian _____ Other _____

Parent Information (please print):

Father/Stepfather (Guardian)

Mother/Stepmother (Guardian)

Mr. / Dr. First Last

Mrs. / Ms. / Dr. First Last

Home Address

Home Address

City State Zip Code

City State Zip Code

Home Phone # Cell Phone #

Hone Phone # Cell Phone #

Preferred Email

Preferred Email

Occupation Employer

Occupation Employer

McNicholas High School Alum? _____ Year of graduation: _____

McNicholas High School Alum? _____ Year of graduation: _____

With whom does the student reside: _____

