



Roman Catholic High School

Test Registration/Admissions Application

**A \$50.00 test fee must accompany this form (cash, check or money order is acceptable)
Failure to supply required information can impact the admissions process and decision.**

Applicant Information

Student Name:

First

Middle

Last

Address:

Street

Apt.

City

State

Zip Code

Student's religion:

Parish:

Date of birth:

Place of birth:

If born outside country, date entering USA:

City:

State:

School presently attending:

School District in which student resides:

Ethnic background of applicant (please check only one):

Caucasian

African-American

Hispanic

Asian

Native American

Multi-Racial

Other: _____

Parents' current marital status (please check only one):

Married

Widowed

Unmarried

Divorced

Separated

Remarried

Both parents deceased

Parent/Guardian Information

Parent/Guardian #1

Name:

Relationship to student:

Name of employer:

Position or Title:

Business Address:

Business Phone:

E-mail address:

Home address:

(if different from the applicant)

Home phone:

Cell phone:

Parent/Guardian #2

Name:

Relationship to student:

Name of employer:

Position or Title:

Business Address:

Business Phone:

E-mail address:

Home address:

(if different from the applicant)

Home phone:

Cell phone:

Primary language spoken at home (please check only one):

English

Chinese

Italian

Spanish

Other: _____

Household income range:

\$20,000 or below

\$41,000 - \$60,000

\$81,000 - \$100,000

\$21,000 - \$40,000

\$61,000 - \$80,000

\$100,000 or higher

(Continued on back)

RCHS



Has the student ever been diagnosed with a learning disability?: Yes No
"If yes, please provide IEP, 504 Plan, Psychological Evaluation, etc. attached with application"

Has the student ever received extra academic attention (e.g. remedial reading, remedial math, mentally gifted program)?
 Yes No

If yes, please explain:

How did you learn about Roman Catholic High School?

List relatives who are attending or who have attended Roman Catholic High School:

Name: _____ Relationship: _____ Graduation Year: _____

Name: _____ Relationship: _____ Graduation Year: _____

List below, in order of importance, the applicant's principle non-academic activities during the school year. This list should include those activities, sports and organizations that are most important to the applicant.

Activities: _____ Sports: _____ Organizations: _____

On behalf of the applicant, I/we hereby make application to Roman Catholic High School. Enclosed is the non-refundable application fee of \$50.00. Completion of this application does not guarantee admission to Roman Catholic High School. Make checks payable to Roman Catholic High School.

Parent Signature: _____

Applicant Signature: _____ Date: _____

The Roman Catholic High School of Philadelphia does not discriminate on the basis of race, color, creed, or national origin in the administration of its educational policies, scholarship or grant programs and/or other school sponsored programs.

I wish to take the Scholarship/Entrance Test on:

November 5, 2016

November 19, 2016

December 3, 2016

- Testing from 9 AM to 12 NOON at Roman Catholic High School
- Students report to the cafeteria by 8:30 AM
- Enter through the schoolyard on Vine Street
- Roman Catholic High School, 301 N. Broad Street, Philadelphia, PA 19107
- Do you plan on applying for financial aid? Yes No

If yes, visit aid.smarttuition.com to begin online application for financial aid (recommended completion date is December 31, 2016) Roman's school code is: 13057. For assistance with the application call Smart Aid: 1-800-360-8027.

RCHS

