

JOHN CARROLL CATHOLIC HIGH SCHOOL

APPLICATION FOR ADMISSION FOR INTERNATIONAL STUDENTS



3402 Delaware Avenue
Fort Pierce, Florida 34947-6116
772-464-5200 Guidance Fax: 772-489-4259
Email: guidance@johncarrollhigh.com

Student's Name _____ Grade Entering ____ Date _____
(last) (first) (middle) (Jr.,III,etc.)

Date of Birth _____ Place of Birth _____

Sex _____ Social Security # _____ Immigration Status if not U.S. Citizen _____

Race: White ____ Black ____ Hispanic ____ Native American ____ Asian ____ Multi-racial ____
Native Hawaiian/Pacific Islander ____ Unknown ____

Street Address _____ City/State/Zip _____

Telephone _____ Alternate Phone _____

Religion of Student _____ Church Affiliation _____

School Presently Attending _____ Location _____

Health or Learning Problems _____

Father's Name _____ Home Phone _____

Occupation _____ Work Phone _____

Email Address _____ Place of Employment _____

Mother's Name _____ Home Phone _____

Occupation _____ Work Phone _____

Email Address _____ Place of Employment _____

Guardian's Name (if not parent) _____ Relationship _____

Student lives with: Both Parents ____ Mother ____ Father ____ Stepmother ____ Stepfather ____ Other ____

Check any that apply: Father deceased ____ Mother deceased ____ Parents separated ____ Parents divorced ____

Custodial Parent is _____

If parents are divorced, you must supply documentation verifying legal custody and/or rights.

NOTIFY IN CASE OF EMERGENCY: (Other than parent or guardian)

Name _____ Telephone _____ Relationship to Student _____

Address _____ City/State/Zip _____

Physician's Full Name _____ Telephone _____

To whom should bills, reports, etc. be sent? _____

Address _____ City/State/Zip _____

Additional school mailings should be sent to: _____

Address _____ City/State/Zip _____

As a parent (guardian), I the undersigned, agree to pay tuition and fees, and comply with all other policies while my child is attending John Carroll High School. I also agree to give my time, interest, and finances to John Carroll High School to the best of my ability.

Signature _____ Date _____

I promise to know the rules and regulations of John Carroll High School and abide by them. I also promise to be active in extracurricular activities since it is the philosophy of the school to build the total community of the school, family and church. I want to be at John Carroll High School.

Student's Signature _____ Date _____

Have you ever been charged with or subject to disciplinary action for scholastic or any type of misconduct while attending any previous school?	Yes _____	No _____
Have you ever been suspended or expelled from any school?	Yes _____	No _____
Have you ever been charged with a misdemeanor or felony?	Yes _____	No _____

IF YES TO ANY OF THE ABOVE, please explain on a separate sheet of paper and attach to this application.

REQUIRED SCHOOL RECORDS:

Incoming 9th Grade Only

7th and 8th grade semester averages and proof of 8th grade promotion

All other students

Official transcript from previous high school

STATE REQUIREMENTS

Florida state law required that you complete and submit an HRS 680 Immunization Form prior to admittance. Students moving from out of state must submit a health examination form. You are also required to submit an original birth certificate (for a file copy to be created) and a copy of the student's social security card.

AUTHORIZATION STATEMENT AND SIGNATURE

I authorize John Carroll High School to release the records of _____
(Name of student)

to institutions requesting them for acceptance into colleges, other high schools, military, or business firms.

Signature of Parent or Guardian _____ Date _____