

Mother's Name	Last	Father's Name	Last
	First		First
Mother's Address		Father's Address	
City, State, Zip		City, State, Zip	
Mother's Occupation		Father's Occupation	
Title/Position		Title/Position	
Name of Company		Name of Company	
Business Address		Business Address	
Business Phone	()	Business Phone	()
E-mail Address		E-mail Address	
Please check where appropriate		Applicant lives with	
<input type="checkbox"/> Father deceased <input type="checkbox"/> Mother deceased <input type="checkbox"/> Parents together <input type="checkbox"/> Parents divorced <input type="checkbox"/> Parents separated <input type="checkbox"/> Father remarried <input type="checkbox"/> Mother remarried		<input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	
If applicant lives with someone other than parents please complete.			
<input type="checkbox"/> Mr. and Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Relationship to Applicant _____			
Name _____			
Address if different from applicant _____			
City _____ State _____ Zip Code _____			
Names of brothers	_____ Ages _____		
Names of sisters	_____ Ages _____		
Schools they attend:	_____		
Has the applicant ever been suspended or expelled from school for any rea <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain. _____			
Has the applicant been diagnosed with A.D.D. or A.D.H.D. or any learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain. _____			

TO BE COMPLETED BY THE APPLICANT

How did you hear about Elizabeth Seton Academ Current student or alumna
 School Visit Church Media (Radio/Newspa Flyers/Brochures
 ESA representative visited your school School Guidance Cour

What special abilities, talents and interests (musical, literary, athletic, scientific, artistic) do you have?

What school subject do you most enjoy and why?

List the extracurricular activities in which you participate?

Have you had any relative attend either Monsignor Ryan Memorial High School or Elizabeth Seton Acade

Yes No

If yes, please list name, address, year of graduation and relationship to you.

I verify that all information contained in this application for admission to Elizabeth Seton Academy is ac to the best of my knowledge.

Student Signature

Date

Parent/Guardian Signature

Date

For Admissions Office Only

Date Received _____ Accepted Rejected Wait List

Paid Registration Check Ck Date _____ Ck No _____ Cash Money Order

