



Dominican High School

Student Information

Applying for Admission to grade 9 10 11 12

Last Name _____ First Name _____

Street Address _____

City _____ Zip Code _____ Home Phone _____

E-mail address _____ Date of Birth ____/____/____ Male ___ Female ___

Race/Origin: _____

Student lives with (check only one):

Mother and Father Mother Only Father Only
 Mother and Step-father Father and Step-mother Other: _____

Educational Background

Name of your CURRENT school _____

Name of your school Principal _____

List the names of all other schools that you have attended:

Name of School	Grades Attended	Reason for leaving school
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

High School Plans: Please list your first and second choice of high schools in the space below.

First choice: _____ Second Choice: _____

Family Information

Mother Ms. Mrs. Dr. Other _____

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Home: () _____ - _____ Work: () _____ - _____ Cell: () _____ - _____

Occupation _____ Employer _____

E-Mail _____

Father Mr. Dr. Other _____

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Home: () _____ - _____ Work: () _____ - _____ Cell: () _____ - _____

Occupation _____ Employer _____

E-Mail _____

APPLICATION



Dominican High School

Legal Guardian Mr. Mrs. Dr. Other _____
 Last Name: _____ First Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Phone Home: () _____ - _____ Work: () _____ - _____ Cell: () _____ - _____
 Occupation _____ Employer _____
 E-Mail _____

Please list the name of any relative who CURRENTLY attends Dominican:

Please list the name of any relative who GRADUATED from Dominican:

Student Accolades

Please list any activities that you currently are involved in:

Please list any awards you have received:

Entrance Exam

Please select a date to take the entrance exam at Dominican High School:

November 4 November 5 December 10 I will be taking the exam elsewhere and submitting my scores

Financial Aid

I will be requesting a Financial Aid Application No Yes

Records Release

Please sign below to allow the request of your students records by the Dominican High School Admissions Office.

Parent/Guardian Signature: _____

Please submit all completed application materials along with a \$25.00 non-refundable check to:

**Dominican High School
 Admissions Office
 120 E. Silver Spring
 Whitefish Bay, WI 53217**

APPLICATION