



*Josephinum*  
ACADEMY

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Application  
for **Admission**

# APPLICATION FOR ADMISSION (Please type or print)

This application is for:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- 9th Grade
- High School Transfer (Grades 10 - 12)

## APPLICANT INFORMATION

Applicant's name (first middle last) \_\_\_\_\_ Nickname \_\_\_\_\_

Grade applying for \_\_\_\_\_ Date of birth \_\_\_\_\_ Current age \_\_\_\_\_

Ethnicity (check all that apply)

- African American
- American Indian/Alaska Native
- Asian/Pacific Islander
- Caucasian
- Latina
- Other

Home address – Street \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home phone \_\_\_\_\_ Religion \_\_\_\_\_ Parish or Church \_\_\_\_\_

Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

## FAMILY INFORMATION

Parent name (first middle last)	Relationship	Parent/Guardian names	Relationship to child
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Home address – Street (if different from applicant)	Home address – Street (if different from applicant)
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Apt# _____ City _____ State _____ ZIP Code _____	Apt# _____ City _____ State _____ ZIP Code _____
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Cell phone	Cell phone
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Email address	Email address
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Place of employment	Place of employment
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Occupation _____ Position _____	Occupation _____ Position _____
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Business address – Street _____ Suite# _____	Business address – Street _____ Suite# _____
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City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____
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Business phone	Business phone
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College/University attended	College/University attended
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Religion _____ Parish or Church _____	Religion _____ Parish or Church _____
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## FAMILY INFORMATION (CONTINUED)

Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Parents never married | <input type="checkbox"/> Father deceased                            |
| <input type="checkbox"/> Parents married       | <input type="checkbox"/> Mother deceased                            |
| <input type="checkbox"/> Parents separated     | <input type="checkbox"/> Mother re-married, Stepfather's full name: |
| <input type="checkbox"/> Parents divorced      | <input type="checkbox"/> Father re-married, Stepmother's full name: |

If parents are divorced, who has legal custody? \_\_\_\_\_

If student lives with someone other than parents, list relationship: \_\_\_\_\_

Who is responsible for school-related decisions?    Both parents    Father    Mother    Guardian

_____ Sibling's full name	_____ Age	_____ Current School	_____ Male	_____ Female
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_____ Sibling's full name	_____ Age	_____ Current School	_____ Male	_____ Female
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_____ Sibling's full name	_____ Age	_____ Current School	_____ Male	_____ Female
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## SCHOOL INFORMATION

_____ Applicant's current school	_____ Current teacher	_____ Grades attended
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If you are in 8th grade, is Josephinum Academy the only High School you applied to?    Yes    No

If no, where else have you applied (please list all)? \_\_\_\_\_

Have you taken any foreign languages in school?    Yes    No   Which ones? \_\_\_\_\_

Are there languages other than English are spoken in your home?    Yes    No   If yes, which languages? \_\_\_\_\_

If you are a transfer student (middle school or high school), please indicate the reason(s) you want to transfer from your current school. \_\_\_\_\_

Please list any activities, sports, outside interests, or awards. \_\_\_\_\_

## WHY JOSEPHINUM ACADEMY?

How did you hear about Josephinum?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Family/Friend, name: _____ | <input type="checkbox"/> Newspaper, which paper? _____ | <input type="checkbox"/> Flyer/Poster, where? _____ |
|---|--|---|

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Elementary School Visit | <input type="checkbox"/> Bus Ad           | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Radio Ad                | <input type="checkbox"/> Internet/Website |   |

Why did you choose Josephinum Academy? (Check three or less only.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Strong academic program.  | <input type="checkbox"/> Close to my home.             | <input type="checkbox"/> Affordable tuition.    |
| <input type="checkbox"/> Shadow day experience.  | <input type="checkbox"/> My parents want me to attend. | <input type="checkbox"/> All-girls environment. |
| <input type="checkbox"/> Open House experience.  | <input type="checkbox"/> My friends are coming here.   | <input type="checkbox"/> Small class sizes.     |
| <input type="checkbox"/> My counselor, teacher, or principal at my elementary school recommended Josephinum Academy. |  |   |
| <input type="checkbox"/> I liked the Josephinum Academy representative(s) who spoke to my class or high school fair. |  |   |
| <input type="checkbox"/> Other (please explain): _____   |  |   |

# REQUEST FOR RECORDS

## TO THE PARENTS

A completed report from the school that your daughter is presently attending is required to complete her file. Please complete and sign this release form.

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Applicant name Current grade

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Name of School Last Attended

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Street Address City, State ZIP Phone number of school

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I give permission to release a copy of the requested student's school report to Josephinum Academy.

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Signature of parent or guardian Printed name Date

## TO THE SCHOOL

The student named above has applied for admission at Josephinum Academy as a \_\_\_\_\_ grader for the 2009 -2010 school year.

For review and acceptance for admission to Josephinum this student needs a **completed discipline/attendance report along with the following for**

**9th grade applicants:**

1. All academic records (grades, testing results, etc.),
2. Current health record,
3. Proof of completion of 8th grade, and
4. Any special needs documentation.

**High School transfer student applicants (10 – 12 grades):**

1. Transcript of credits,
2. Health records, and
3. Any special needs documentation.

If there is a reason the school cannot issue this student's records please indicate the reason:

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School Administrator Signature Printed name Date

This information will be used in the admissions process and will be treated confidentially. Please fax or mail the requested information to:

**The Office of Admissions  
Josephinum Academy  
1501 North Oakley Boulevard  
Chicago, Illinois 60622**

**Fax: 773.292.3963**

**Email: [melissa.michaels@josephinum.org](mailto:melissa.michaels@josephinum.org)**