

Please complete ALL information below. An incomplete application can cause delays in processing

APPLICATION

STUDENT Please print or type		<u></u>				
Applying for: Fall Semester ☐ Spring S	Semester School Year	Grade I	.evel	Date of Application		
Last Name	Last Name First Name		Middle Name			
Applicant's Home Address		City, State, Zip				
Applicant's Home Phone	Applicant's Cell Phone	Applicant's Email				
Applicant's Date of Birth	of Birth With whom does the Applicant Reside					
Required		Required				
What school are you currently attendi	Which public school would you normally attend					
School Name	School Name					
Address, City, State, Zip	In what School District does school reside					
Phone Fax						
Has applicant ever skipped or repeated Has the applicant received special accor	-	es Explains S□ No□ If Yes Explain				
Has the applicant ever been dismissed, s	` '	_		? Yes□ No□		
If yes please explain						
Has the applicant ever been in the care	of a psychiatrist or psychologi	st? Yes□ No□				
If yes please explain						
If Catholic to what parish do you belong						
Are you applying for financial aid Yes	□ No□					

1215 N. St. Mary's Street, San Antonio, Texas 78215 Phone 210 224-6651 Fax 210 224-9242 www.providencehs.net



Why do	you want to	attend Providen	ce? (TO BE COM	PLETED BY TH	E APPLICANT (ONLY)			
CHOOI	/ACADEM	AIC INFORM	MATION						
applying f	or High Schoo	l have you take	n the High School	Placement Tes	st Yes□ No□	If yes, whe	ere and	when did you	take it?
st any scho	ol or commun	ity activities, cl	ken the Middle Sc ubs, sports, or ext						you take it?
r ciarificat	ion and pertin	ient details)							
ease check	the extracurr	icular activities	you are interested	l in if applying	s for high schoo	51			
Athletics	Specify:						Band	☐ Choral	□Dance
Drama	□JROTC	□Literary	□ Visual Arts	□ Other					
ease check	the extracurr	icular activities	you are interested	d in for middle	school				
Athletics	Specify:								
Choral	□Dance	□ Drama	☐ Visual Arts						

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List any relatives attending or who have attended Providence Catholic	School (listname/s and relationship/s)				
Applicants T-Shirt size □ Youth Small □ Youth Medium	n □Youth Large □Small □Medium □Large □X-Large				
PARENT/GUARDIAN INFORMATION					
The information below is being provided by \Box Parent(s) \Box G	uardian – submit letter with a statement of guardianship Relationship to Applicant				
Parent's Marital Status ☐ Married ☐ Separated ☐ Divor					
PARENT/GUARDIAN 1	PARENT/GUARDIAN 2				
Name	Name				
Address	Address				
City, State, Zip	City, State, Zip				
Home Phone	Home Phone				
Cell Phone	Cell Phone				
Work Phone	Work Phone				
Fax Number	Fax Number				
Email	Email				
Job Title	Job Title				
Company	Company				
Best email address for family	How did you hear about Providence?				
To whom should correspondence and billing information be sent? (Plo	ease provide address if different from above.)				
The information exhautted on this annication is correct and two to the heat	of my browledge at the time of application I have not browingly arbmitted any				
	of my knowledge at the time of application. I have not knowingly submitted any information submitted is false or misleading, admissions to Providence Catholic				
_	denied or revoked.				
Applicant's Signature	Date				
Parent/Guardian Signature	Date				

When application is complete and submitted to the Office of Admissions we will request records from the applicant's current school. Once this information is received the application and all records will be reviewed by our admissions committee. If needed, a Confidential Recommendation may also be requested from the applicant's current school.

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