



MARQUETTE CATHOLIC HIGH SCHOOL

Faith In Education Since 1886

Registration for 2009-2010 Sophomore (Class of 2012)

Marquette Catholic High School is a Catholic, college preparatory high school, accredited by the State of Indiana and dedicated to Catholic principles.
Marquette administers a non-discriminatory admissions policy.

This form must be accompanied by the balance of your registration fee.

Student Information:

Last Name: _____ First Name: _____ Middle: _____ Goes By: _____

Home Address: _____

County of Residence: _____ Sex: _____ Date of Birth: _____ Social Security #: _____

Student Resides With: _____ Relationship: _____

Extended Demographic Information:

Religion of Student: _____ If Catholic, list Parish Membership: _____

Ethnic Origin (*This information is for reporting purposes and in no way influences admission.*)

Caucasian African American Hispanic Mixed Native American Pacific Islander Asian

List members of your family who presently / previously attend(ed) Marquette:

| Name: | Relationship: | Years Attended: | Graduation Year: |
|-------|---------------|-----------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please provide your email address for the Daily Newsletter: _____

Educational Information:

Present School: _____ School Phone: _____ School Fax: _____

If the student has a health problem, or if he/she is handicapped in any way that might interfere with his/her regular school work and his/her full participation in the physical education program, please state the facts below or on a separate sheet.

Describe any special problems that might interfere with the student's school work, i.e., diagnosed learning disability and also describe methods used to accommodate this need.

Father Guardian _____

Mother Guardian _____

Name: _____

Name: _____

Address: _____

Address: _____

Address: _____

Address: _____

Phone: Home: _____

Phone: Home: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Reports Cards, school information, etc. are all sent to both parents unless otherwise indicated.

The statements contained in this registration form are true and complete to the best of my / our knowledge. I / We understand that misrepresentation or omission of facts called for on this form may be cause for dismissal of student.

Signature of Parent

Date

Signature of Parent

Date