



ST. MARY'S RYKEN  
HIGH SCHOOL

SMR USE ONLY

DATE: _____
ENTRY CODE: _____
APP. FEE _____ YES _____ NO _____; CK #: _____
REG. FEE: _____; CK #: _____
ID NUMBER: _____

# application

APPLICATION FOR ADMISSION TO GRADE \_\_\_\_\_ FALL/SPRING OF (20\_\_ ) \_\_\_\_\_ CURRENT GRADE LEVEL \_\_\_\_\_

APPLICANT'S LEGAL NAME LAST FIRST MIDDLE

NICKNAME GENDER  M  F

BIRTH DATE BIRTHPLACE CITY STATE COUNTRY US CITIZEN  Yes  No

SSN HOME PHONE NUMBER [INCLUDE AREA CODE (XXX) XXX-XXXX]

APPLICANT'S MAILING ADDRESS

CITY COUNTY STATE ZIP

APPLICANT'S HOME ADDRESS (IF DIFFERENT THAN ABOVE)

APPLICANT'S E-MAIL ADDRESS

APPLICANT'S CURRENT SCHOOL HIGH SCHOOL GRADUATION YEAR

PARISH/CHURCH RELIGION

ETHNICITY (FOR STATISTICAL PURPOSES ONLY) PRIMARY LANGUAGE SPOKEN AT HOME

APPLICANT RESIDES WITH:  MOTHER & FATHER  MOTHER ONLY  FATHER ONLY  FATHER & STEPMOTHER  MOTHER & STEPFATHER  LEGAL GUARDIAN

## PARENTAL INFORMATION

PARENT/LEGAL GUARDIAN #1 (applicant lives with this person) RELATIONSHIP: \_\_\_\_\_

TITLE FIRST NAME MIDDLE LAST SUFFIX

WORK PHONE CELL PHONE

E-MAIL ADDRESS

OCCUPATION EMPLOYER

EMPLOYER ADDRESS CITY STATE ZIP

CHECK IF APPLICABLE:  MILITARY (  ACTIVE,  RETIRED )  CIVIL SERVICE

DUTY STATION ADDRESS

## PARENTAL INFORMATION

**PARENT/LEGAL GUARDIAN #2 (applicant lives with this person) RELATIONSHIP:** \_\_\_\_\_

TITLE FIRST NAME MIDDLE LAST SUFFIX

WORK PHONE CELL PHONE

E-MAIL ADDRESS

OCCUPATION EMPLOYER

EMPLOYER ADDRESS CITY STATE ZIP

CHECK IF APPLICABLE:  MILITARY (  ACTIVE,  RETIRED )  CIVIL SERVICE

DUTY STATION ADDRESS

**NON-CUSTODIAL PARENT/GUARDIAN RELATIONSHIP:** \_\_\_\_\_

TITLE FIRST NAME MIDDLE LAST SUFFIX

MAILING ADDRESS

CITY COUNTY STATE ZIP

HOME PHONE WORK PHONE CELL PHONE

E-MAIL ADDRESS

OCCUPATION EMPLOYER

EMPLOYER ADDRESS CITY STATE ZIP

CHECK IF APPLICABLE:  MILITARY (  ACTIVE,  RETIRED )  CIVIL SERVICE

DUTY STATION ADDRESS

### RELATIVES WHO HAVE ATTENDED RYKEN HIGH SCHOOL, ST. MARY'S ACADEMY OR ST. MARY'S RYKEN:

Name	Relationship	Class of
Name	Relationship	Class of
Name	Relationship	Class of
Name	Relationship	Class of
Name	Relationship	Class of

## SIBLINGS

### OTHER CHILDREN IN FAMILY (give names, ages grades and schools as applicable)

Name	Age	Grade	School

## ACTIVITIES AND INTERESTS

Please list below any school or community activities, special interests, honors or awards received within the last two years:

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## PERSONAL INFORMATION

If the applicant has any learning disabilities, physical disabilities, or special needs, please describe. (For admission to The Ryken Program, documentation of learning disabilities must be provided.)

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## ADDITIONAL INFORMATION

How did you find out about St. Mary's Ryken?

### Word of Mouth

- PARENTAL SUGGESTION       SMR STUDENT  
 SMR PARENT                 PEERS  
 OLDER SIBLING               OTHER (PLEASE SPECIFY)

### Media

- NEWSPAPER (INDICATE PAPER) \_\_\_\_\_  
 RADIO (INDICATE STATION) \_\_\_\_\_

### Did you attend or experience one of the following?

- OPEN HOUSE  
 SHADOW DAY  
 PERSONAL CAMPUS VISIT

Will you be applying for financial aid:  Yes  No

*(Offers of admission are not based on financial need. This information is used for financial planning purposes only.)*

