

Name of additional contact in case of emergency	Relationship to student	Phone Number
Medical Conditions <i>(please update the school office as these conditions change)</i>		
Medications taken <i>(please update the school office as these medications change)</i>		
Religion <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	If Catholic, what parish are you registered?	Will you be applying for tuition subsidy through this parish? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Catholic families are asked to complete the following sacramental information about your student.**

	BAPTISM	FIRST COMMUNION	FIRST PENANCE	CONFIRMATION
Parish				
City, State				
Age received				

**Educational History**

	8th Grade	7th Grade <input type="checkbox"/> Same as 8th gr, or:	Other schools attended, with grade levels
School Name			
City, State			
Is the student currently on an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No            Has the student received educational testing or have an ETR? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the student currently on a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No            Does the student participate in EdChoice, Peterson, or Autism Scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to any of the previous is "yes", please provide additional details, including diagnosed disability, findings of educational testing, etc.			
Is there any additional information that we should be made aware?			

I approve and endorse this application of my son/daughter and in consideration of acceptance as a student. I hereby guarantee to Newark Catholic High School the payment of tuition and school fees and such other expenses incurred with the school. I recognize the right of the school to exclude at any time a student whose conduct or academic standing renders an undesirable presence at Newark Catholic High School.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_