

For Office Use Only

Student Number

Student Name

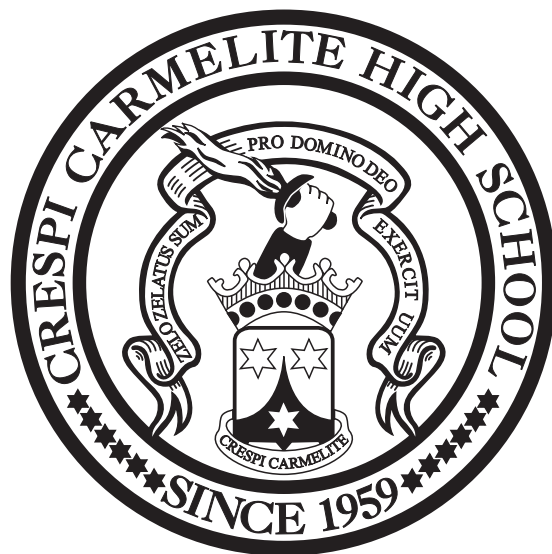
Please circle grade applying for

9 10 11 12

Fall Spring

Crespi Carmelite High School

Phone (818) 654-1329 • www.crespi.org • Fax (818) 705-0209



Parent-Student Application for Admission

Please return this form to:

Office of Admissions
Crespi Carmelite High School
5031 Alonzo Avenue
Encino, California 91316-3699

Please return this Application and \$125 Processing Fee as soon as possible. \$150 Processing fee after March 2,2012. This application registers the student to take the Entrance Examination. The student may take the Exam on either day that it is offered.

DIRECTIONS: Please PRINT or TYPE all information and answer all questions as completely as possible. Leave blank those questions which do not apply.

STUDENT INFORMATION

1. Student's Name: _____
Last First Middle
2. Residence Address: _____
3. City/Town: _____ State: _____ Zip Code: _____
4. Home Phone Number: (____) _____ Religion: _____
5. Date of Birth: _____ Place of Birth: _____
Month / Day / Year City / State/ Country

Archdiocesan Census Information

This information is required by the Archdiocesan of Los Angeles for census information. Please check only one box in each category.

- Catholic Christian, Non Catholic Other

Ethnic Background

- American Indian/Alaska Native Filipino Pacific Islander/Other Asian
 African American/Black White/Other Hispanic

PARENT INFORMATION

6. **Father/Step Father/Guardian:** _____
Last First Middle
7. Residence Address: _____
Street City Zip
8. Religion: _____ Residence Phone: (____) _____
9. Profession/Title: _____ Business Firm: _____
10. Business Phone: (____) _____ Business Address: _____
11. Cell Phone: (____) _____ Business City/State/Zip: _____
12. E-mail address: _____
- 13 Paternal Grandparents:** _____
Last First Names
14. Residence Address: _____
Street City Zip
15. Religion: _____ Residence Phone: (____) _____
16. Profession/Title: _____ Business Firm: _____
17. Business Phone: (____) _____ Business Address: _____
18. Cell Phone: (____) _____ Business City/State/Zip: _____
19. E-mail address: _____
20. **Mother/Step Mother/Guardian:** _____
Last First Middle
21. Residence Address: _____
Street City Zip
22. Religion: _____ Residence Phone: (____) _____
23. Profession/Title: _____ Business Firm: _____

Mother/Step Mother/Guardian con't:

24. Business Phone: () Business Address: _____

25. Cell Phone: () Business City/State/Zip: _____

26. E-mail address: _____

27. Maternal Grandparents: _____
Last First Names

28. Residence Address: _____
Street City Zip

29. Religion: _____ Residence Phone: ()

30. Profession/Title: _____ Business Firm: _____

31. Business Phone: () Business Address: _____

32. Cell Phone: () Business City/State/Zip: _____

33. E-mail address: _____

FAMILY STATUS

34. Have any relatives attended Crespi Carmelite High School? ____ Yes ____ No

If Yes, list name and relation.

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

35. Siblings:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

EDUCATIONAL STATUS

36. What is the name and address of the school you are now attending:

Name: _____

Principal or Counselor: _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone Number: () _____

37. At what grade level will you be entering?

_____9 _____10 _____11 _____12

TO BE COMPLETED BY THE STUDENT

38. If you are transferring to Crespi from another High School, briefly explain below why you are applying for admission to Crespi Carmelite High School:

If you are applying to Crespi Carmelite High School as a 9th grader (Freshman), please answer the following questions.

39. Will you be taking a high school entrance exam at any other school? ____ Yes ____ No

40. If Yes, please give the name and address of the school where you took or will take the exam:

Name: _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

