



2011-2012 APPLICATION FOR ADMISSION

CONWELL-EGAN CATHOLIC HIGH SCHOOL WWW.CONWELL-EGAN.ORG CHARACTER • EXCELLENCE • COMMITMENT

Send completed applications to: CEC Admissions Office, 611 Wistar Road, Fairless Hills, PA 19030

Please include \$130 registration fee (before January 1, 2011; \$140 after January 1, 2011) with check payable to "CEC."

If this applicant is coming from public/private (non-Archdiocesan) school OR is registering after April 1, 2011, please attach:

- Copy of the 7th Grade FINAL report card
- Copy of the 8th Grade CURRENT report card
- Copy of most recent standardized test scores (including CSI score)
- Upper grade transfers must provide records and schedule an interview

STUDENT INFORMATION

Applying for Grade: 9 10 11 12

Student's Name: _____
Last First M.I.

Mailing Address: _____
Street (Apt.)

_____ City State Zip

Phone: _____ - _____ - _____ Email: _____ @ _____ . _____

Social Security Number: _____ - _____ - _____ Sex: Male Female

Date of Birth: ____/____/____ Place of Birth _____
City, State

Country of birth if not USA _____ Date entered USA ____/____/____

Religion: Catholic _____ Non-Catholic _____
Parish where registered Denomination

Students who are not Catholic, are non-practicing Catholics, or come from out of state must pay parish tuition in addition to parental tuition. This is to compensate for the high school assessment paid by Roman Catholic parishes. All students are required to take the Theology Course each year and to attend all religious services that are part of the school program.

Current School: _____

Public school district where student resides (for busing): _____

Language(s) spoken at home: English Spanish Italian Polish
 Korean Chinese Other _____

Ethnic Background: White Black Hispanic Asian/Pacific Islander
 American Indian Other _____

Office Use Only	
Student #	_____
Date	____/____/____

FAMILY INFORMATION

Student lives with Parent(s) Grandparent(s) Other _____

Marital Status: Married Separated Divorced Remarried Single
 Widowed Mother deceased Father deceased

FILL OUT FOR PARENT/GUARDIAN WITH WHOM STUDENT LIVES						
		Father/Male Guardian		Mother/Female Guardian		
Salutation (Mr., Mrs., Ms., Dr.) and full name						
Email						
Home phone						
Cell phone						
Work phone						
Occupation						
Employer name						
Bishop Egan/Conwell or CEC graduate	<input type="checkbox"/> Yes (year): ____		<input type="checkbox"/> No		<input type="checkbox"/> Yes (year): ____ <input type="checkbox"/> No	
COMPLETE FOR SECOND PARENT (IF PARENTS DIVORCED, REMARRIED, OR SEPARATED)						
Relationship to student	<input type="checkbox"/> Father		<input type="checkbox"/> Mother		<input type="checkbox"/> Other _____ Relationship	
Full name						
Cell phone						
Bishop Egan/Conwell or CEC graduate	<input type="checkbox"/> Yes (year): ____		<input type="checkbox"/> No			
SIBLING EDUCATIONAL BACKGROUND (OLDEST TO YOUNGEST)						
Full Name	Sex	Age	Grade	Present School	Graduation Year	Bishop Egan/Conwell or CEC graduate
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes (year): ____ <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes (year): ____ <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes (year): ____ <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Yes (year): ____ <input type="checkbox"/> No

STUDENT HEALTH DATA

Please list all significant medical conditions (seizures, allergies, diabetes, etc.):

Please list all medication that the student is currently taking:

Emergency Contact Name (other than parent): _____

Phone: ____ - ____ - ____ Relationship to student: _____

ACADEMIC DATA

The following subjects are required for freshmen: Theology I, English I, World History I, Algebra I*, Biology/Physical Science, Technology/Related Arts (1/2 credit each)**, World Language***

***Honors Algebra II** *Incoming freshmen who successfully complete a full-year accelerated math course of Algebra I in Grade 8. A test is required in the summer between Grades 8 and 9.*

****EAST (Environmental and Spatial Technology)** *May be selected in place of Technology/Related Arts. Participation requires a special application process (no later than May 1) and lab fee. Teacher recommendations are required.*

****Art I** ****Chorus I** *One of these may be elected in place of Technology/Related Arts, which would commence junior year.*

*****World Language** *(CEC to select if no preference or applying after April 1):*

Spanish I **Italian I** **Chinese I**

If the student has studied the language selected for at least 1 year, explain level of study (A test is required in the summer between Grades 8 and 9):

Student has been classified as Special Education *(We do not continue previous IEPs from other districts).* Explain:

SUPPLEMENTAL INFORMATION

How did you hear about CEC? Family Friend Teacher Event at CEC

CEC visit to grade school Newspaper CEC website Facebook Twitter

Other _____

SUPPLEMENTAL INFORMATION (CONTINUED)

Delinquent/Criminal History

Has the applicant ever been adjudicated a delinquent or convicted of a criminal offense?

Withholding information or presenting false information can be cause for denial of admission or dismissal.

No

Yes (explain):

Policies and Procedures

The Parents and/or Guardians of the applicant student hereby agree that they and their applicant student will abide by each of the policies and procedures that may be adopted from time to time by the Archdiocese of Philadelphia and Conwell-Egan Catholic High School, including but not limited to those set forth or referred to in the student handbook.

Parent Initials: _____ Applicant Signature: _____

Acceptable Use of Technology

Parents and/or Guardians of the applicant, as well as the applicant, also hereby agree to comply with the Archdiocesan ***Acceptable Use of Technology Policy***.

Parent Initials: _____ Applicant Signature: _____

Permission for Use of Child's Image

Parents and/or Guardians please initial if you give your permission for your child's image to be used on CEC website, newsletters, and collateral materials.

Parent Initials: _____ Permission Granted Permission Denied

Instructional Materials and Textbooks

All Parents/Guardians must sign the following statement:

Dear PA Secretary of Education, I hereby request the loan of instructional materials and textbooks in accordance with ACT 90(1975), ACT 195(1972) and ACT 88(1975), for my son/daughter attending Conwell-Egan Catholic High School in Fairless Hills, Bucks County, PA.

Student Name (print): _____

Parent Signature: _____ Date: __ __/ __ __/ __ __ __ __

Parent Signature: _____ Date: __ __/ __ __/ __ __ __ __