



CONWELL-EGAN CATHOLIC HIGH SCHOOL
611 WISTAR ROAD
FAIRLESS HILLS, PA 19030

APPLICATION FOR ADMISSION

Admissions Office
Mrs. Nicole Kinniry
215-945-6200 ext. 252
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www.conwell-egan.org

Office Use Only
Student # \_\_\_\_\_ Date \_\_\_\_\_
Early non-refundable registration fee of \$125 payable with application on or before January 1, 2010; after January 1, 2010, registration fee is \$130.

Student Information: Applying for Grade: [ ] 9 [ ] 10 [ ] 11 [ ] 12 [ ] M [ ] F

Student Name: \_\_\_\_\_
Last First M.I.

Street Address: \_\_\_\_\_
Street City State Zip

Social Security Number: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
If not USA, date entered

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ USA: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

Public School District where student resides: \_\_\_\_\_

Student's Religion: [ ] Catholic [ ] Non-Catholic

If Non-Catholic, religious preference: \_\_\_\_\_

Catholic Parish where student is registered: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_

Students who are not Catholic must pay parish tuition in addition to parental tuition; this is to compensate for the high school assessment paid by Roman Catholic parishes. The student is also required to take the Theology Course each year, and to attend all religious services which are part of the school program.

**Parent/Guardian Information:**

**Student Lives With:** (Mr & Mrs, Mr, Ms, etc) \_\_\_\_\_

**Relationship to Student:** (ex: parents; parent and step-parent) \_\_\_\_\_

**Parent's Marital Status:**    Married    Separated    Divorced    Remarried    Single    Widow(ed)

**Mother, Stepmother, Female Guardian:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Is Mother a BC/CEC grad? Yes or No  
Year: \_\_\_\_\_

Email: \_\_\_\_\_

**Father, Stepfather, Male Guardian:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Is Father BE/CEC Grad? Yes or No  
Year: \_\_\_\_\_

Email: \_\_\_\_\_

**Second Parent Information** (if parents are divorced, separated, remarried)

Parent's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ BC/BE/CEC Grad: Y or N If yes, year: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**STUDENT HEALTH DATA:**

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

Please list all medication that student is currently taking:

**Emergency Contact Info: (Other than Parent)**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_

**Sibling Data:** Number of brothers: \_\_\_\_\_ older \_\_\_\_\_ younger      Number of sisters: \_\_\_\_\_ older \_\_\_\_\_ younger

Number of siblings currently attending Archdiocesan High Schools: \_\_\_\_\_

**Sibling Educational Information:** [Please list from oldest to youngest]

Name	Age	Grade	School Attending (elementary, high school, college)	Year of Graduation
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

**Academic Data: (please complete all that apply)**

**Math:** Is your child currently enrolled in an accelerated math program that includes a full year course of Algebra I in Grade 8? Y or N  
If YES, then upon a report of successful score from the grade school your child will be rostered for Honors Algebra II.

**World Language:** Spanish I      Italian I      Chinese I  
If no preference is indicated or if registration form is received after April 1, CEC will decide.

Has the student already studied the language for at least a year? Yes      No  
If so, explain the prior level of study so that we may place him/her properly:

**Art I:** Participation requires a rostered Art period [instead of the Technology and Language requirements will commence in junior year].  
Yes      No

**Chorus I:** Participation requires a rostered Music period [instead of the Technology and Language requirements which will commence in junior year].  
Yes      No

**E.A.S.T. (Environmental and Spatial Technology):** Participation in this program requires a special application process and an additional lab fee. Process should be completed no later than May 1, since teacher recommendations are required. Participation also fulfills student's technology requirement. Would you like further information and application to program?      Yes      No

Has the applicant ever been adjudicated a delinquent or convicted of a criminal offense? Yes No

**If yes, explain:**

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

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's Initial: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

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's Initial: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

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's Initial: \_\_\_\_\_

Permission Granted: \_\_\_\_\_ Permission Denied: \_\_\_\_\_

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/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please attach the \$125 early, non-refundable registration fee made payable to CEC. If applying after January 1, 2010, registration fee is \$130.**

**If this applicant is coming from public/private (non-archdiocesan) school OR is registering after April 1, 2010, please attach:**

**Copy of most recent standardized test scores (including CSI score)**

**Copy of the 7<sup>th</sup> Grade FINAL report card**

**Copy of the 8<sup>th</sup> Grade CURRENT report card**

[Revised November 2009]