



Inspiring Growth in Knowledge and Faith

Application for Admission

FOR OFFICE USE ONLY
STUDENT ID NUMBER:

1. Print or type information as completely as possible.
2. Eighth (8th) graders wishing to take the **January 14, 2017 Placement Exam** are required to submit this Application for Admission and Parent Authorization Form along with the \$30 application fee to the JCA Admissions Office. All incoming freshmen must take JCA's Placement Exam.
3. If you wish to enter JCA as a *sophomore*, *junior*, or *senior*; you are required to submit this Application for Admission along with a copy of your current report card and the \$30 application fee to the office of the Vice Principal of Faculty and Operations for consideration.
- 4: Mail to: Joliet Catholic Academy, 1200 N. Larkin Avenue, Joliet, IL 60435

I. STUDENT INFORMATION

Student's Name _____ last _____ first _____ middle _____ Male Female

Home Address _____ Subdivision _____

City _____ State _____ Zip Code _____

Home Phone () _____ Social Security No. _____

Student's E-mail _____ Student's Cell Phone () _____

Date of Birth _____ Place of Birth _____ city _____ state _____ county _____

Please list the name and phone number of a person other than an immediate family member that knows your address and phone number:

How did you hear about JCA? School Visit / Event Media (Online / Newspaper / Radio) Current Student or Alum Other _____

II. EDUCATIONAL STATUS

Grade you plan on entering into when you become a student: 9 10 11 12

Name of the grade school you are currently attending: _____

List the names of any high schools where you have already taken an entrance exam or placement test: _____

Public high school district (number) you live in: _____ High school in that district you would attend: _____

III. TRANSFER INFORMATION (ONLY FOR STUDENTS APPLYING FOR A TRANSFER INTO 10TH, 11TH OR 12TH GRADE)

Name of grammar school/middle school/junior high you graduated from: _____

Name of current high school: _____ Enrollment status: Good Standing Suspended Expelled

Term you are interested in enrolling: Fall of _____ Spring of _____ year year

IV. SPECIAL EDUCATION INFORMATION

Do you have a current IEP? Yes No If yes, from what district? _____

V. ACCOMMODATIONS/SERVICES

Check the accommodations/services below that you are currently receiving or have been recommended to receive:

- Title I Reading Title I Math Learning Disabilities Behavior Disorders Speech Pathology
- Specialized Instruction Other (please specify) _____

VI. RELIGIOUS INFORMATION

What is your religious affiliation? Catholic Protestant (which branch, ie. Baptist, Lutheran, etc.) _____
 Eastern Orthodox Jewish Other (please list) _____

List the name and address of your parish/church/synagogue: _____

Street Address _____ City _____ State _____ Zip _____

VII. ETHNIC BACKGROUND

Check the background with which you most closely identify:

- Caucasian Black (not of Hispanic origin) Hispanic American Indian or Alaskan Native Asian or Pacific Islander

VIII. FAMILY INFORMATION

Student lives with: (check appropriate box) Both parents Father only Mother only Guardian(s)

Father/Stepfather/Guardian (circle one) _____
first last

Living Deceased Religion _____ Occupation _____

Company Name _____ Company Phone () _____

E-mail Address _____ Cell Phone () _____

DLS/JCHS/JCA Alumnus (check appropriate box) No Yes, Class of _____

Mother/Stepmother/Guardian (circle one) _____
first last (maiden)

Living Deceased Religion _____ Occupation _____

Company Name _____ Company Phone () _____

E-mail Address _____ Cell Phone () _____

SFA/JCA Alumna (check appropriate box) No Yes, Class of _____

List the names of any brothers or sisters currently attending Joliet Catholic Academy:

Name: _____ Current Year: _____

Name: _____ Current Year: _____

List the names of any younger brothers or sisters:

Name _____ School Attending: _____ Current Grade _____

Name _____ School Attending _____ Current Grade _____

Name _____ School Attending _____ Current Grade _____

List the names of other family members who are alumni of SFA, DLS, JCHS, or JCA:

Name _____ Relationship _____ Class Year _____

Name _____ Relationship _____ Class Year _____

IX. ACTIVITY INFORMATION

Check the sports, clubs and/or activities that you would like more information about (check all that apply):

- Art & Literary Club Dance Team Intramural Sports Red Cross Club Student Council Vocal Ensemble
- Band Drama Club Jazz Ensemble Respect Life Club Student Newspaper Volleyball
- Baseball Football Key Club Scholastic Bowl Swimming Wrestling
- Basketball French Club La Esperanza Science Club Tennis Other: _____
- Book Club Golf Latin Club Soccer Tech Club _____
- Cheerleading History Club Leo Club Softball Track & Field _____
- Color Guard Ice Hockey Math Team Spanish Club Varsity Club _____
- Cross Country Int. Student Ambassadors Percussion Ensemble Student Ambassadors Victory View Media _____

As a parent/legal guardian of the above named child, my permission is given to release to Joliet Catholic Academy my student's school records, including, but not limited to confidential academic, special education and disciplinary information, and records concerning my child. I also grant permission for Joliet Catholic Academy to dialogue openly with appropriate parties at my child's current school about matters related to admissions and placement.

Parent/Guardian's Signature _____ Date of Application _____

Student's Signature _____

I certify that the information provided on this application is accurate and true. I understand that falsified or incomplete information may result in the denial of admission and/or termination of enrollment at Joliet Catholic Academy.

JCA does not discriminate on the basis of age, race, color, sex or national origin.

FOR OFFICE USE ONLY
\$30 Exam Fee: Paid / Not Paid
Payment: Cash / Check# _____
\$300 Registration Fee
Payment: Cash, Credit Card,
Check# _____



Parent Authorization Form for Incoming Freshmen

I hereby authorize _____ to release upon request
Student's Current School

records and test scores for my son / daughter, _____,
Student's Name

to Joliet Catholic Academy as part of his / her high school application process.

I also grant permission for Joliet Catholic Academy

1) to dialogue openly with appropriate parties at my child's current school

about matters related to admissions and placement and

2) to share my child's entrance exam results with his / her current school for curriculum planning

purposes only. I understand that any information exchanged will be kept confidential

according to the stipulations of the Family Educational Rights and Privacy Act of 1974.

Signature of Parent or Guardian

Date

**Incoming freshmen are required to submit this form to the JCA Admissions Office
along with the JCA Application for Admission and \$30 application fee.**

**Students wishing to transfer to JCA as a sophomore, junior, or senior do not need to complete this form.
Students wishing to transfer to JCA are required to return the JCA Application for Admission
and \$30 application fee to the office of the Vice Principal of Faculty and Operations.**

**Joliet Catholic Academy
1200 N. Larkin Avenue
Joliet, IL 60435
815.741.0500**