

Monsignor Hackett Catholic Central High School 2010-11 Application

1000 W. Kilgore Rd. Kalamazoo, MI 49008 269-381-2646 FAX 269-381-3919

E-mail hackett@hackettcc.org

The early application fee is \$125 (maximum \$250 per family/school) and must be received along with this form by March 8, 2010. After that date, the regular fee of \$200 (maximum \$400 per family/school) applies. THIS FEE IS NON-REFUNDABLE.

Please complete the information requested below.

Student First Middle Last Nickname Birthdate Sex Scheduled Grade Student #
Name _____

Address: _____

Student SS Number _____ - _____ - _____

Phone: _____ Unlisted? _____

Permission to publish in HCC directory ___yes___no

School district of residence: _____

School attended prior to Hackett: _____

Parent Information:

Student lives with (circle correct option below)

Both natural parents, father & stepmother, mother & stepfather, father only, mother only, legal guardian, foster home

Father/Step Father: _____

Mother/Step Mother: _____

Work Place: _____

Work Place: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

E-mail: _____

E-mail: _____

Catholic ___yes___no

Registered member of _____ Parish.

Second Parent Information (if applicable):

If parents are separated, is non-custodial parent to receive general school mail, grade reports, conference information? ___yes___no

Name: _____ Phone: _____

Address: _____

Racial/ethnic origin (for scholarship and reporting purposes)

Please indicate a letter from the State-approved codes listed below. _____

If multi-racial, indicate primary category first. _____ and _____

A. American Indian B. African American C. Asian American D. Hispanic/Latino E. White F. Pacific Islander

In case of an emergency, illness, or accident during school hours, please number the given contact people in the order in which you would like them to be called: (1) (2) (3) (4)

___ Parent at home. # ___ Mother at work. # ___ Father at work.

___ Other Phone _____ Name _____ Relationship _____

Authorized to release your student from school? ___yes___no

Students are required to have medical documentation to receive special accommodations. If your student has this documentation or you are interested in information concerning special accommodations check this box and the Special Needs Counselor will contact you.

Please list any chronic disease or illness. _____

I would like to receive financial aid information.

The application process is considered complete when all required documentation is submitted including tuition paperwork, Parish verification, etc. Once the application process is complete, the student's requests for classes will be processed.

Parent/guardian signature _____ Date _____

For office use only

Date received _____ Application fee _____ Update SIS _____