APPLY TODAY

New Student Application Form

Open to 8th grade students only. *A $30 application fee is required.*

STUDENT INFORMATION:

Name: _____ Sex: ☐ M ☐ F
Legal Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: (_____)_____ Date of Birth: _____/_____/_____

Current School: _____

Religion: ☐ Roman Catholic ☐ Christian ☐ Other _____

Name of Parish: _____ City of Parish: _____

PARENT INFORMATION:

Parent Email Address (*please print clearly*): _____

Father's Full Name: _____
Last First Middle

☐ Dr. ☐ Mr. ☐ Alumnus of Montini Catholic High School Graduation Year: _____

Mother's Full Name: _____
Last First Middle

☐ Dr. ☐ Mrs. ☐ Ms. ☐ Alumna of Montini Catholic High School Graduation Year: _____

** If parents live separately, please indicate which parent will be receiving test results at the above address:* ☐ *Mother* ☐ *Father*

Please identify if YOUR CHILD is a sibling of a current or past student of Montini Catholic:

Name: _____ Graduation Year: _____

Name: _____ Graduation Year: _____

OFFICE USE ONLY

☐ Placement Test Fee Paid Date of Payment: _____ Payment Type: _____ Initials: _____

Montini Catholic High School

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