

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

19W070 16th Street • Lombard, IL 60148 • 630-627-6930 x 182 • www.montini.org