

St. Boniface Catholic High School

A Chesterton Academy

Application Packet

Student Information:

Name of Student: _____ Grade-Fall 2022: _____

Mailing Address: _____
Street City State Zip

Physical Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Place of Birth: _____

Parish/Home Church: _____ Ethnic Origin: _____

Parent/Guardian Information:

Name: _____ Relationship: _____

Address: _____

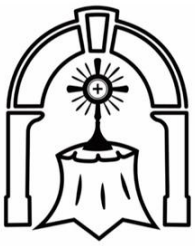
Home Phone: _____ Cell Phone: _____

Email Address: _____ Employer: _____

Job Title: _____ Work Phone: _____

Best Method to Contact: _____ Marital Status: _____





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The student resides with: Both Parents Mother Father Other

If other, please explain: _____

Person Responsible for Tuition and Fees: _____

Schools Previously Attended: _____

Primary Language Spoken in Home: _____

What extra curricular activities are you involved in?(sports, community, organizations, etc.)

How are you involved in your church? _____

Does the student have any special physical needs? Yes No

Does the student have any special emotional needs? Yes No

Does the student have any special academic needs? Yes No

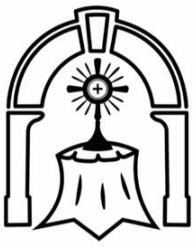
Has the student ever been expelled? Yes No

Has the student ever skipped a grade? Yes No

Has the student ever repeated a grade? Yes No

If you answered yes to any of the previous questions, please explain in the space below:





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Additional information needed for application

Checklist of Documents and Information Required for Consideration of Admission:

- This Student Registration Form (pages 1-3)
- Student Essay (Attached)
- Transcript from previous school
- Standardized test scores if applicable.
- Interview with the Headmaster. Please email frmatthew@catholicnac.org to schedule an in-person interview and bring this packet with you to the interview.

I certify that the information on this application is accurate and complete; I acknowledge that any omission or inaccurate information could jeopardize my child's standing with St. Boniface Catholic High School.

Signature of Parent/Guardian: _____

Print Name: _____ Date: _____

For Office Use Only

Packet Received Date: _____

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