

# LATE/TRANSFER ADMISSION APPLICATION

Application For Grade \_\_\_\_\_ Date \_\_\_\_\_

## STUDENT INFORMATION

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
*Last First M.I.*

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Home \_\_\_\_\_ Cell \_\_\_\_\_

School Now Attending \_\_\_\_\_ Language(s) Spoken in Home \_\_\_\_\_

Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_ Parish \_\_\_\_\_

The Archdiocese of Los Angeles and the National Catholic Education Association require us to submit certain information for statistical purposes only. We therefore ask your cooperation in stating your family origin:

- |                    |              |                           |                             |
|--------------------|--------------|---------------------------|-----------------------------|
| 1. Native American | 2. Filipino  | 3. Asian/Pacific Islander | 4. African American         |
| 5. Hispanic        | 6. Caucasian | 7. Multi-Racial           | (Please enter number) _____ |

## PARENT/GUARDIAN INFORMATION

Father (Guardian) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
*OMIT IF SAME AS ABOVE*

Telephone Home \_\_\_\_\_ Cell \_\_\_\_\_

Company Name \_\_\_\_\_ Position \_\_\_\_\_ Telephone \_\_\_\_\_

Mother (Guardian) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
*OMIT IF SAME AS ABOVE*

Telephone Home \_\_\_\_\_ Cell \_\_\_\_\_

Company Name \_\_\_\_\_ Position \_\_\_\_\_ Telephone \_\_\_\_\_

If parents are divorced

Student resides with:

Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Correspondence sent to:

Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Financial responsibility rests with:

Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Please send bill to: (*Omit if same as above*)

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

Please send your **non-refundable \$75 Application Fee** and this form to:

Bellarmine-Jefferson High School, 465 East Olive Ave., Burbank, CA 91501

(818) 972-1408 Fax (818) 559-6387 e-mail admissions@bell-jeff.net.

### School Office Use

Date Received \_\_\_\_\_

Fee Paid \_\_\_\_\_

Check # \_\_\_\_\_