
SAINT AUGUSTINE'S SCHOOL
APPLICATION FOR ADMISSION



Applicant Information – Please Print

Personal Data

Name _____
First Last Middle Preferred Name

Address _____
City State Zip Code

_____ *Home Telephone(Include area code)* _____ *Home Fax Number(Include area code)*

_____ *E-mail address (Student)* _____ *Year Apply*

Date of Birth _____ *month/day/year* _____ *Birthplace* _____ *Declaration of ethnicity (optional)*

_____ *First Language, if other than English* _____ *Language spoken at home*

_____ *Country of citizenship* If a citizen of different country than United States, will I-20 Immigration Form be needed?

Education Data

School _____ Date Attending _____

Address _____
City State Zip Code

_____ *Counselor Name* _____ *Telephone (Include area code)* _____ *Fax (Include area code)*

Please share information to help us understand the applicant's arts and athletic interests, talents and club participation: _____

Other schools attended in the past three years:

_____ *School Name* _____ *Address* _____ *City* _____ *State* _____ *Zip Code*

_____ *School Name* _____ *Address* _____ *City* _____ *State* _____ *Zip Code*

_____ *School Name* _____ *Address* _____ *City* _____ *State* _____ *Zip Code*

