

*Empowering our community
with Knowledge, Skills and
Catholic Values*



For Office Use Only	
Amount Rec'd	
Check #	
Date Rec'd	

**Application for Admission
to
Kolbe Cathedral High School
33 Calhoun Place
Bridgeport, CT 06604
(203)-335-2554**

Student's Name: _____
Last First Middle

Home Address: _____
Number & Street Apt. # Bldg. #

_____ *City State Zip Code Home Phone Number*

_____ *Cell Phone Number Whose cell? Parent's e-mail address*

Male or Female: _____ **Date of Birth:** _____ **Social Security #:** _____
M or F

Check the statement that applies to the student:

1. I am a citizen of the United States _____
2. I am an eligible non-citizen _____, Alien registration number: A _____
3. I am not a citizen or an eligible non-citizen _____
4. If you answered number 2 or 3, please tell us how many years you have attended school in the United States _____.

School now attending: _____ **Grade:** _____

School previously attended: _____ **Grades:** _____

Has this student ever been suspended from school? _____. *If you answered yes, please write a detailed description of the events and what you have learned as a result on a separate sheet of paper.*

Has this student ever been arrested? _____. *If you answered yes, please write a detailed description of the events and what you have learned as a result on a separate sheet of paper.*

Does this student have a diagnosed learning disability? _____. *If you answered yes, please name the disability.*

Does this student have a 504 Plan or an IEP? _____. *If you answered yes, please include a copy.*

The student briefly describes reasons for seeking admission to Kolbe Cathedral:

(Please complete the back.)

