

Application for 9th Grade Admission POWERS CATHOLIC HIGH SCHOOL

Please return this form and the \$100 application fee by Jan. 1st to: Powers Catholic High School Admissions Office 1505 W. Court Street Flint, MI 48503

www.powerscatholic.org

		Gender:		1 11010		
Student's Home Address:			First Middle Gender: Social Security Number:			
ity:						
lome Phone:			Date of Birth:/_			
Please circle the ethnic/ra programs that become av			his information will be used for Leade	rship and/or Scholarship		
	()Hispanic or Latino	()Asian	()Black or African American	()Indian (not American Indian)		
	()American Indian	()White	()Pacific Islander or Native Hawaiian	()Two or more races		
leligion:		Pa	arish/Church:			
resent School (Years Att	ended).					
	Last Name		Mother or Guardian 2:	Last Name		
E	Legal First Name		Title Legal Fire	st Name		
me Address (if different from appl	icant)		Home Address (if different from applicant)			
<i>y</i> :	State	Zip	City:	State Zip		
me Telephone (if different from ap	pplicant)		Home Telephone (if different from applicant)			
llular telephone			Cellular telephone			
nail Address			Email Address			
ligion	Church		Religion	Church		
Parents are: Mar	ried Divorc	ed Sepa	rated Mother Deceased	Father Deceased		
	ble for the payment					
no wiii be Lezbouzi	- -					
-			Nome 2 (if applicable)			
ame 1			Name 2 (if applicable)			
_	tuition assistance thro	ugh your parish?		□No		

Names of Brothers and Sisters:			
Name	<u>Age</u>	<u>Grade</u>	Present School
			·
** To be a	completed by the applicant in t	handum	·····*
10 06 0	completed by the applicant in t	ieir own nanuwr	inng
Please write a paragraph explaining who response on a separate sheet of paper.	y you would like to attend F	owers Catholic I	figh School. If necessary, write your
response on a separate sheet of paper.			
		·	
Signature of Applicant:		D	ate:
Signing my name below affirms that all of	f the information contained in	this application i	s correct and complete.
Parent/Guardian Cignatur			Data