



SETON LASALLE

THE SOUTH HILLS CATHOLIC HIGH SCHOOL

Application for Admission

Applicant's Name _____
Last First Full Middle Name

Prefers to be Called _____ Date of Birth _____ Sex: M F

Home Phone _____ Family E-mail Address _____

Applicant's Home Address _____

City _____ County _____ State _____ Zip _____

Religion _____ Parish _____

Applicant's Public School District _____

Present School _____ Dates Attended _____

Previous School _____ Dates Attended _____

Present Grade _____ Applying to Grade _____

The information below is optional and is used to gather demographic information about our students for reporting purposes. Please circle those that apply.

Asian American Indian Alaska Native Black or African American Hispanic White Multi-Racial
Native Hawaiian/other Pac Islander Other _____

Seton LaSalle Catholic High School reserves the right to deny enrollment to any student who does not successfully complete the previous academic year or whose financial responsibilities are not satisfied from the previous year.

I hereby grant to Seton LaSalle Catholic High School permission to request and examine all information, records, and recommendations necessary in considering my application.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Does your child have an Individualized Instruction Plan (IEP) or a Growth Plan in their current school that would identify a diagnosed Learning Disability? ____ Yes ____ No

(over)

Father/Step-Father/Guardian: (circle one)

Mother/Step-Mother/Guardian: (circle one)

Name _____

Name and (Maiden) _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

E-Mail Address _____

Religion _____

Religion _____

Employer _____

Employer _____

Position/Occupation _____

Position/Occupation _____

Business Address _____

Business Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Business Phone _____

Business Phone _____

_____ Father/Step-Father/Guardian is a SLS or SHC graduate Class of _____

_____ Mother/Step-Mother/Guardian is a SLS or ESHS graduate Class of _____

Applicant resides with (check what applies):

_____ Both Parents _____ Father _____ Mother _____ Step-Father _____ Step-Mother _____ Other

Name of person(s) responsible for paying tuition _____

Send all school correspondence to:

_____ Home Address of Student _____ Father's Business Address _____ Mother's Business Address

Brothers and Sisters

Names	Age	Sex	Present Grade	Present School or Occupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please return completed application to:
 Seton LaSalle Catholic High School
 Admissions Office
 1000 McNeilly Rd.
 Mount Lebanon, PA 15226-2593**