## ASSUMPTION HIGH SCHOOL STUDENT INFORMATION FORM

(This is **not** a registration for enrollment form)

## Please print:

Signature of Parent/Guardian

Student's last name	s last name first		middle			home phone zip code	
Student's address		city		zip code			
High school presently attending	grade			date of	date of birth		
Grade school(s) attended in 6th-8th	<sup>h</sup> grade				<u></u>		
Did the student take the High Sch	ool Placement Test (HSPT)	?	Yes	No			
If yes, name the school where stu	dent took it						
Transcript attached (must be attached to process a	Yes No pplication)		;	Standardized te	est scores attached	I Yes	No
Has the student ever been tested	for any learning disability, A	DD, ADHE	or CAP?	? Yes	No		
If yes**, who did the testing and w **Please provide a copy of the assess	rhat were the results?	t can he dete	ermined if s	tudent is accente	ed Application will no	ot he processed withou	t this
Please state reason for wanting to				•		•	
Religion							
Name of parish in which student's	family is currently registered	d					
Father's name		Email					•
Daytime phone		Evening	phone _				
Occupation			f employm	ent			
Mother's name		Email					
Daytime phone		Evening phone					
Occupation		Place of	f employm	ent			
With whom does the student live?	(Circle all that apply):	Mother	Father	Stepfather	Stepmother	Guardian	
If guardian, give name	101 <u>.</u>	Relations	ship				
Does the student have (or has she	e had) a sister at AHS?	Yes	1	No			
If yes, name(s) and year(s)							
Did the student's mother and/or grandmother			IS?	Yes	No		
This is a transfer application for placed in the most appropriate We cannot process any applica file <b>prior</b> to July 1, 2015. All tra	classes, we ask that you ser ition that does not have a tra	nd a transo anscript. A	cript and a pplication	ny standardize s to be conside	d test scores along	with this information	١.
I verify that all of the above info	rmation contained on this	form is c	orrect and	d I have provid	ded all proper doc	umentation.	

Date