

Application for Admissions

Applicant Information:

Year: ____ / ____

Last Name _____ First Name: _____

Gender ____ Ethnicity (Optional) _____ Email _____

Home Address: _____

City/State/Zip _____

Home Phone _____ Citizenship _____ Date of Birth _____

Religion _____ Parish _____

Current Grade _____ Grade Applying for _____

Current School _____ Date Entered _____

Current School Address _____

Other Schools Attended, Year (s) Attended _____

Are you interested in the Learning Center? _____ (If so, please complete the Learning Center Application).

Have you ever been dismissed, suspended, or asked to leave any of the schools you have attended? (If yes, please explain the circumstances on a separate piece of paper)



113 St. Mary's Place Laurel, MD 20707
Phone: 301-725-3228 Fax: 301-725-0493
www.pallottihs.org

Family Information:

Applicant resides with: Mother Father Both Parents Guardian

Parent 1 _____ Relationship to Applicant _____

Home Address (if different from Applicant) _____

City/State/Zip _____

Employer _____ Occupation _____

Business Phone _____ Cell Phone _____

Email _____ Level of Education _____

Parent 2 _____ Relationship to Applicant _____

Home Address (If different from Applicant) _____

City/State/Zip _____

Employer _____ Occupation _____

Business Phone _____ Cell Phone _____

Email _____ Level of Education _____

Signature of Parent or Guardian _____ **Date** _____

In consideration of the undertaking by the Office of Admissions to process this form, the signer agrees that the information furnished on this Application for Admissions, together with all information and materials of any kind received by the Office of Admissions from any source, or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone, including the candidate and his/her family, except the Director of Admissions may for official purposes in her discretion disclose any part thereof to such a person or persons as she deems advisable.



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Applicant Questionnaire (To be completed and signed by the Applicant)

Answers may be typed on separate sheet of paper.

Why are you interested in Pallotti? _____

What academic subjects do you enjoy the most? _____

List any positions or responsibilities you have held or awards received? _____

List any organized activities in which you would participate outside of school (i.e. sports, community service, etc.)? _____

How would your fellow classmates describe you? _____

What has been your greatest accomplishment? Why? _____

Applicant Signature _____ Date _____

Pallotti Information

Name & relation of any family member who attended or currently attending Pallotti?



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Parent Acknowledgement Form

Please sign and include with Application.

I/We undersigned responsible parent(s)/guardian(s) of _____, herewith provide sworn assurance that all information provided on the enclosed application related to the admissions process is true and correct.

I/We also acknowledge that failure to provide all information concerning the student's past academic, behavioral or medical history shall be considered grounds for immediate dismissal of the student if such information comes to light following acceptance.

If this is a separated family, please indicate which parent has legal custody:

If this situation changes at any time, please notify the Office of Admissions.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

In no case will an application be entertained without a signed acknowledgement form.

Notice of Non-Discriminatory Policy

Saint Vincent Pallotti High School does not discriminate on the basis of race, color, national or ethnic origin in the Administration of its admissions procedures, educational program, personnel policies, financial aid, athletics, or any other school administered program.



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Records Release Form

Parent/Guardian please complete the following information, then sign and submit this form to your child's *current school*.

Applicant's Name: _____

Applicant's School: _____

I give my permission for copies of my child's transcripts (current at the time of application), test records, immunization, health and other pertinent records (including any psychological or behavioral information included in a limited access file) to be sent to St. Vincent Pallotti High School.

Parent/Guardian Signature: _____ Date: _____

PRINCIPAL OR GRADE SCHOOL COUNSELOR

Please mail records to:
Office of Admissions
St. Vincent Pallotti High School
113 St. Mary's Place
Laurel, MD 20707



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