



STUDENT INFORMATION

Applicant's Name _____ Enrollment to Grade _____
Last First Middle

Address _____

Male Female Date of Birth _____ City/State of Birth _____

Current School _____ Public School District of Residence _____

Home Phone _____

ETHNICITY (please check)

- African-American /Black Asian/Pacific Island Hispanic/Latina/Latino Multiracial _____ Native American
 White Other _____

RELIGIOUS AFFILIATION Denomination Parish or Congregation City

Father _____

Mother _____

Student _____

STUDENT RESIDES WITH (please check):

- Mother and Father Mother only Father only Mother & stepfather Father & stepmother Foster parents Adoptive parents
 Grandparents Legal Guardian Other _____

Have any siblings attended Alter?

No Yes - Name(s): _____

If the applicant has ever been suspended, expelled or asked to withdraw from a school, please explain on a separate sheet.

PARENT INFORMATION

Father's Name _____ Mother's Name _____

Mr. Dr. Rev. Mrs. Ms. Dr. Rev.

Father's Address (if different from above) Mother's Address (if different from above)

City State Zip City State Zip

Father's Occupation _____ Mother's Occupation _____

Place of Employment _____ Place of Employment _____

Business Phone _____ Business Phone _____

Father's email _____ Mother's email _____

Graduate of Alter? Yes No If yes, what class year? Graduate of Alter? Yes No If yes, what class year?

Paternal Grandparents' Names _____

Address _____
Street City State Zip

Maternal Grandparents' Names _____

Address _____
Street City State Zip

I approve and endorse this application of my son/daughter and, in consideration of his/her registration as a student.

Note: The satisfactory completion of the present grade in a recognized, public, private or parochial school is necessary for admission. Transfers in mid-year can be made upon approval of the administration. Evidence of satisfactory work will be required before final acceptance. A copy of the applicant's transcripts of grades must be forwarded to Alter High School. Should applications for admission exceed enrollment capacity, Alter High School will follow Archdiocesan policy regarding selection of first-year high school students.

This application will not be processed or considered until all records have been received by Alter and we are in receipt of the non-refundable \$100 application fee.

Father's signature _____ Date _____ Mother's signature _____ Date _____

This section of the application should be completed by transfer students only.

In the space below, please respond to the following statements (handwritten by applicant).

Please describe in detail the reason(s) you are requesting to leave your current school and transfer to Alter High School.

Please explain why you feel Alter High School would be the best high school for you.

Office of Admissions
Archbishop Alter High School
940 East David Road
Kettering, OH 45429
(937) 428-5394

This form is also available online.
www.alterhighschool.org

For Office Use Only

Date Application Received _____

Date Records Received _____

Date Fee Paid _____

Student Number _____

Date of Entry _____