



# Brooklyn Jesuit Prep

560 Sterling Place Brooklyn, NY 11238

## Student Application

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Gender: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Present School: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Is either parent planning to move within the next three years?

\_\_\_\_\_

Who has legal guardianship of the student (one parent, both parents, other)?

\_\_\_\_\_

### Check the appropriate:

\_\_\_\_ Parents live together      \_\_\_\_ Mother deceased      \_\_\_\_ Father deceased

\_\_\_\_ Parents divorced/separated      \_\_\_\_ Mother remarried      \_\_\_\_ Father remarried

**Religious Affiliation** (Please check one and write your parish or church if applicable)

\_\_\_\_ Catholic      \_\_\_\_ Christian (non-Catholic)      \_\_\_\_ No religious affiliation

\_\_\_\_ Other, please list: \_\_\_\_\_

What Parish or Church do you belong to? \_\_\_\_\_

### Check the appropriate:

\_\_\_\_ Hispanic or Latino      \_\_\_\_ Black or African American

\_\_\_\_ Asian      \_\_\_\_ Middle Eastern or Northern African

\_\_\_\_ Native Hawaiian or Pacific Islander      \_\_\_\_ American Indian or Alaskan Native

\_\_\_\_ White      \_\_\_\_ Two or More

What language is spoken at home? \_\_\_\_\_

**Applicant's Education History (please list all schools that your child has attended)**

School	Grades	Dates Attended

Has the applicant ever been evaluated by the Committee on Special Education?  Yes  No  
 If yes, please submit a copy of the IEP with this application.

Has the applicant ever been evaluated by any other social service agency?  Yes  No  
 If yes, what agency? \_\_\_\_\_

Check any support services the applicant has received:

- |                       |                             |                      |
|-----------------------|-----------------------------|----------------------|
| _____ Counseling      | _____ Bi-lingual Services   | _____ Resource Room  |
| _____ Title I Math    | _____ Title One Reading     | _____ Speech Therapy |
| _____ MIS I Placement | _____ Therapy out of school |                      |

Has the applicant been diagnosed with ADD/ADHD?  Yes  No

Has the applicant ever attended summer school?  Yes  No What grades? \_\_\_\_\_

Is there any illness or disability which may affect the applicant's participation in academic or extracurricular activities?  Yes  No

If yes please explain.

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Does the applicant wear glasses?  Yes  No

