

Student Name _____
Last First



CRISTO REY

JESUIT HIGH SCHOOL

APPLICATION FOR ADMISSION

Please submit your completed application along with the following documents.

- Signed "Request for Student Records" form so that Cristo Rey can obtain the following records from the applicant's current school:
 - Previous report cards
 - Standardized test scores
 - Health and immunization records
 - Attendance records

- Three (3) Recommendation Forms, one from each of the following areas:
 - Teacher Evaluation in Language Arts/English
 - Teacher Evaluation in Grade Math
 - Community Leader who knows the applicant well (Examples: principal, counselor, coach, employer, volunteer supervisor, or pastor.)

- Copy of applicant's Social Security Card

- Copy of the applicant's Birth Certificate (**Student must be at least fourteen years old by September 1st.**)

- Completed Tuition Aid Data Services (TADS) form for financial aid

- Copy of parents' most recent 1040 tax return and W-2 forms

Student's Personal Information (please write clearly)

Application for:

Freshman Year Sophomore Year Junior Year Male Female

Full Name

Last First MI

Home Address

City State Zip

Birth Date

Month Day Year

Birthplace

City State Country Social Security # Language spoken at home if
other than English Ethnic
BackgroundAfrican
American Hispanic/
Latino African Native
American Caucasian Asian Pacific
Islander

Other _____

School InformationWhat school do you currently attend? How many years? Current year in school Current School's Address City State Zip Phone Number **Religious Information (students of all faith traditions are welcome to apply)**Religious Affiliation, if any Name and Address of Church

Please answer the following question in 3-5 complete sentences. The student applicant must submit handwritten responses to ALL questions. Only student handwriting is accepted, no typed answers.

How would your favorite teacher describe you?

STUDENT INFORMATION

Please answer each of the following questions in 3-5 complete sentences. The student applicant must submit handwritten responses to ALL questions. Only student handwriting is accepted, no typed answers.

What motivates you to do well in school?

What are your plans for the future?

Why do you want to attend Cristo Rey Jesuit High School—Twin Cities?

FAMILY INFORMATION

Parent's marital status

Married

Divorced

Separated

Mom Deceased

Dad Deceased

Single Parent

Mother's or Guardian's Personal Data (if Guardian, please indicate the relationship of the guardian)

Name

Home Address (if not the same as student's)

City

State

Zip

Occupation

Company Name

Home Phone

Work Phone

Cell Phone

E-mail Address

Highest level of education completed

Elementary

High School/GED

Associates

Bachelors

Graduate School

Father's or Guardian's Personal Data (if Guardian, please indicate the relationship of the guardian)

Name

Home Address (if not the same as student's)

City

State

Zip

Occupation

Company Name

Home Phone

Work Phone

Cell Phone

E-mail Address

Highest level of education completed

Elementary

High School/GED

Associates

Bachelors

Graduate School

Dependents Living in Household

Name	Age	Relationship	School	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of people who live in the household?

PSYCHO-EDUCATIONAL INFORMATION

- Has your child been diagnosed with a psychiatric disorder? yes no
- Does your child have a learning disability? yes no
- Does your child have an emotional and/or behavioral disorder? yes no
- Does your child have an Individual Education Plan (IEP)? yes no
- Does your child have any other significant health concerns? yes no
- Does your child receive ELL (English Language Learner) services? yes no
- Has your child ever been asked to skip or repeat a grade, or to withdraw from school for any reason? yes no

If you answered 'yes' to any of the questions above, please explain here:

PARENTS/ GUARDIANS: Please answer the following in the space provided:

How do you support your child's education?

Would you hire your child to work at your place of business? Why or why not?

Explain your reasons for wanting your child to attend Cristo Rey Jesuit High School.

We understand and accept the spiritual, moral and academic mission of Cristo Rey Jesuit High School and wish to be a member of the Cristo Rey Jesuit High School community. As parents/guardians we support this mission. As a student, I will work to achieve my full potential academically and as a member of the Cristo Rey Jesuit High School student body.

By signing below, I hereby give permission to Cristo Rey Jesuit High School to use the image, likeness, name, school work, and work product of my daughter/son/dependent for purposes of promoting the school or the Hire4Ed corporate work program.

Applicant's Signature

Parent or Guardian Signature

Parent or Guardian Signature

Date

Date

Date



CRISTO REY

JESUIT HIGH SCHOOL

LANGUAGE ARTS / ENGLISH

Teacher Recommendation

MISSION

The mission of Cristo Rey Jesuit High School—Twin Cities is to provide an education in the Jesuit tradition which integrates college preparatory academic and professional work environments thereby preparing students from under-resourced families for success in college and life.

TO THE APPLICANT

Please fill out the following information and present this form to the individual who will provide the recommendation. Be sure they complete this form and place it in a sealed envelope. Please include this form along with all other materials requested in the application.

Student's Name:

Name of teacher providing recommendation: (please print)

School phone:

Grade in which this teacher taught you:

Teacher's email:

STUDENT SIGNATURE:

Date:

TO THE TEACHER

Thank you for filling out this recommendation. Your comments may be written in the space provided or included on a separate sheet. Please seal this recommendation form in an envelope and return it to the student. If this is not possible, please send the recommendation with this form to the address below. Thank you for agreeing to comment on behalf of your student. Your insights are appreciated and will assist us in determining whether Cristo Rey Jesuit High School is the appropriate school for this student.

Office of Admissions
Cristo Rey Jesuit High School
2924 4th Avenue South
Minneapolis, MN 55408
612-545-9704

Please answer the following questions that address the academic and social capacity of this applicant.

Please rate this student in terms of the following:

	Below Avg.	Avg.	Good	Very Good	Excellent	No basis for judgment
Motivation						
Initiative						
Responsible						
Employable						
Academic Achievements						
Work Habits						
Interpersonal Relations						
Maturity						
Attendance						

How would you describe the student's work ethic? _____

In your opinion, has this student performed to his/her potential? Why or why not? _____

How supportive is the applicant's family in regards to education? _____

Academically: (check one)

I strongly recommend

I recommend this student

Recommend with reservations (*please explain below*)

Do not recommend (*please explain below*)

Personally: (check one)

I strongly recommend

I recommend this student

Recommend with reservations (*please explain below*)

Do not recommend (*please explain below*)

Comments: _____

Teacher Signature

Print Name

Phone or Email

Date



CRISTO REY

JESUIT HIGH SCHOOL

MATH

Teacher Recommendation

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Employable						
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Interpersonal Relations						
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I recommend this student

Recommend with reservations (*please explain below*)

Do not recommend (*please explain below*)

Comments: _____

Teacher Signature

Print Name

Phone or Email

Date



CRISTO REY

JESUIT HIGH SCHOOL

COMMUNITY LEADER Recommendation

MISSION

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TO THE APPLICANT

Please fill out the following information and present this form to the individual who will provide the recommendation. Be sure they complete this form and place it in a sealed envelope. Please include this form along with all other materials requested in the application.

Student's Name:

Name of person providing recommendation: (please print)

Title:

Organization:

Email address:

STUDENT SIGNATURE:

Date:

TO THE COMMUNITY LEADER

Thank you for filling out this recommendation. Your comments may be written in the space provided or included on a separate sheet. Please seal this recommendation form in an envelope and return it to the student. If this is not possible, please send the recommendation with this form to the address below. Thank you for agreeing to comment on behalf of your student. Your insights are appreciated and will assist us in determining whether Cristo Rey Jesuit High School is the appropriate school for this student.

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Cristo Rey Jesuit High School
2924 4th Avenue South
Minneapolis, MN 55408
612-545-9704

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Motivation						
Initiative						
Responsible						
Employable						
Integrity						
Attendance						
Work Habits						
Interpersonal Relations						
Maturity						

How would you describe the student's leadership skills? _____

How would you describe the student's ability to interact appropriately with adults? _____

How supportive is the applicant's family in regards to education? _____

Academically: (check one)

I strongly recommend

I recommend this student

Recommend with reservations (*please explain below*)

Do not recommend (*please explain below*)

Personally: (check one)

I strongly recommend

I recommend this student

Recommend with reservations (*please explain below*)

Do not recommend (*please explain below*)

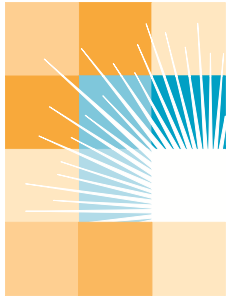
Comments: _____

Signature

Print Name

Phone or Email

Date



CRISTO REY

JESUIT HIGH SCHOOL

Request for Student Records

I hereby grant permission for _____

to forward **ALL** the following information of _____

- 7th grade transcripts
- 8th grade transcripts
- 9th grade transcripts (if applicable)
- 10 grade transcripts (if applicable)
- 11th grade transcripts (if applicable)
- Standardized test scores from 7th and 8th grade (e.g. NALT, CALT, MCA, TEAS)
- Health and Immunization records
- Attendance records
- IEP (if applicable)

DO NOT UNENROLL STUDENT! FOR 2010-2011 SCHOOL YEAR!

Please FAX, email, or mail records to:

Annemarie Hansen, Director of Admissions
Cristo Rey Jesuit High School
2924 4th Ave S
Minneapolis, MN 55408-0268
annemariehansen@cristoreytc.org
Phone: 612-545-9704
Fax: 612-276-0142

Signed,

(Signature of Parent or Legal Guardian)

Date
