



# APPLICATION FOR ADMISSION

Date: \_\_\_\_\_

Fee: \_\_\_\_\_ Check# \_\_\_\_\_

Student # \_\_\_\_\_

This form is to be completed by a Parent or Guardian - PLEASE PRINT OR TYPE

Male  Female  Grade Applying for: (circle one) 9 10 11 12 Year Applying for: \_\_\_\_\_

Has student applied before? Yes  No  If Yes, when? \_\_\_\_\_ Student Social Security # \_\_\_\_\_

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ US Citizen? Yes  No

Present School \_\_\_\_\_ Present Grade \_\_\_\_\_ I-20 Form? Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Registered U.S. Catholic Parishioner? Yes / No If yes, what parish? \_\_\_\_\_

Students Ethnic Background (please circle one): African-American Asian Caucasian Hispanic Other \_\_\_\_\_

Father or Gaurdian: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Mother or Gaurdian: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Are either parents Alumni of MCHS? \_\_\_\_\_

Check where appropriate:

Lives with both parents  Lives with guardian's  Father deceased  Parents are Separated

Lives with mother  Lives with father  Mother deceased

Brothers, sisters or relatives who have attended Marian or Mater Dei Catholic High School:

Name	Relationship	Years Attended	Year Graduated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any medical, psychological, learning or other disabilities which should be considered in planning your child's school program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I approve and endorse this application for my child (or ward) and, in consideration of his/her acceptance as a student to Mater Dei Catholic High School, I hereby guarantee to Mater Dei the payment of his/her tuition and school fees and other expenses as he/she may incur with the school, recognizing the right of the school to exclude at any time, a student whose conduct or academic standing renders the student's position unacceptable at Mater Dei. My signature below indicates that all the information on this application is complete, factual, and honestly presented.

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*Note: The satisfactory completion of the present grade in a recognized public, private or parochial school is necessary for admission. Evidence of such satisfactory work will be required before final acceptance. A copy of the applicant's transcript of grades must be forwarded to:*

***Mater Dei Catholic High School  
1615 Mater Dei Drive  
Chula Vista, California 91913***

PLEASE RETURN THIS APPLICATION TO THE MDCHS BUSINESS OFFICE WITH A \$50.00 NON-REFUNDABLE APPLICATION FEE FOR EACH CHILD.

FOR ADDITIONAL INFORMATION, please call 619-423-2121 or send a request via FAX at 619-423-6910.

*Mater Dei Catholic High School does not discriminate on the basis of race, color, sex, creed, national or ethnic origin in the administration of its admission and educational policies, financial aid program, or any other school administered programs.*



## REQUEST FOR TRANSCRIPTS

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

I \_\_\_\_\_ request that \_\_\_\_\_ send the  
(Parent Name) (Present School)

following official documents to MATER DEI CATHOLIC HIGH SCHOOL.

Thank you for sending these documents to MDCHS as they are a part of the admissions process for our child. Please call me if you have any questions regarding the request of these documents.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone Number)

### Instructions for the School:

Official Transcripts and records are to be mailed from the current school. MDCHS *will not accept transcripts submitted by the parent or student.*

INCOMING 9th GRADE APPLICANTS: Please mail official copies of:

- Grades from 7th grade and grades from First Semester of 8th grade.
- Standardized test scores
- CSIR immunizations.

INCOMING 10th and 11th GRADE APPLICANTS: Please mail official copies of:

- Grades from the last two years.
- Grades from First Semester of current school year.
- Standardized test scores
- CSIR immunizations.

**Please Mail To:** MATER DEI CATHOLIC HIGH SCHOOL  
ADMISSIONS OFFICE  
1615 MATER DEI DRIVE  
CHULA VISTA, CALIFORNIA 91913

Name (print) \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_