



DOMINICAN ACADEMY

Catholic College Preparatory School for Girls

Please Clip photo and
Print Your Name
on the back of the
Photo

Do not Staple
or Glue

Class of: 2025

Starting Date: 9 2021
Mo. Yr.

Student's Name: _____
Last First Middle

Student's Address: _____
Number Street Apt. City State Zip Code

Home Phone: (____) _____ EMERGENCY PHONE: _____ Social Security: ____ - ____ - ____

Date of Birth: ____/____/____ Birthplace: _____
Mo. Day Yr. City, State Country

*Please list all allergies, medical conditions, and medications: _____

Does the student require special assistance in learning or testing? Yes No If yes, please explain: _____

Student Lives with: Father Mother Both Other: _____
(Please check one)

County of Residence _____
 School District _____

Is the student a U.S. Citizen? Yes ____ No ____ If answer is **No**, please state Citizenship: _____

Ethnic Origin: American Indian Black Pacific Islander Asian Hispanic White Multiracial

Ethnic Background (i.e., Polish, Irish, Chinese, etc.) _____

Language spoken at home other than English: _____ Student's Religion: _____

Sibling information:

<i>Name</i>	<i>Age</i>	<i>M/F</i>	<i>School attending</i>	<i>Name</i>	<i>Age</i>	<i>M/F</i>	<i>School attending</i>
1. _____				3. _____			
2. _____				4. _____			

Father's / 1st Parent's Name: _____

Address: _____ Phone: (____) _____

Ethnic Origin: _____ Religion: _____ Birthplace: _____ Citizenship: _____

Business Name: _____ Occupation: _____

Business Address: _____

Business Phone: (____) _____ Parent's cell #: (____) _____

Parent's email: _____ Preferred phone #: _____

Mother's / 2nd Parent's Name: _____

Address: _____ Phone: (____) _____

Ethnic Origin: _____ Religion: _____ Birthplace: _____ Citizenship: _____

Business Name: _____ Occupation: _____

Business Address: _____

Business Phone: (____) _____ Parent's cell #: (____) _____

Parent's email: _____ Preferred phone #: _____

Guardian's Name (If applicable): (Mr. / Mrs. / Ms.) _____
(Please circle one)

Address: _____ Phone: (____) _____
Number Street Apt. City State Zip Code

Ethnic Origin: _____ Religion: _____ Citizenship: _____

Business Name: _____ Occupation: _____

Business Address: _____
Number Street City State Zip Code

Business Phone: (____) _____ Guardian cell #: (____) _____ Email: _____

Name of Grade School: _____ Principal's Name: _____

Address of Grade School: _____
Number Street City State Zip Code

Name of Parish (if applicable): _____ Pastor's Name: _____

Do you have a family member who has graduated from or is presently attending Dominican Academy?

If yes, please provide name and year: _____

<p>How would you like parents' mail to be addressed?</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Parents' preferred e-mail address: _____</p> <p>Is there a second parent who should receive mailings? Please include information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Parent's preferred e-mail address: _____</p>	<p><u>PARENTS' USE ONLY</u></p>
---	--

By signing this document, I certify that all of the information included above is complete and correct:

Parent's or Guardian's Name: (Print) _____

Parent's or Guardian's Signature: _____ Date: _____

Student's Name: (Print) _____

Student's Signature: _____ Date: _____

Application cannot be processed if all information is not provided.