



Inspiring Growth in Knowledge and Faith

# Application for Admission

**FOR OFFICE USE ONLY**  
**STUDENT ID NUMBER:**

1. Print or type information as completely as possible.
2. Eighth (8<sup>th</sup>) graders wishing to take the **December 7, 2019 Placement Exam** are required to submit this Application for Admission and Parent Authorization Form along with the \$30 application fee to the JCA Admissions Office. All incoming freshmen must take JCA's Placement Exam. Applications may also be submitted online at [www.jca-online.org](http://www.jca-online.org). Online payment is also accepted.
3. Mail to: Joliet Catholic Academy, 1200 N. Larkin Avenue, Joliet, IL 60435

## I. STUDENT INFORMATION

Student's Name \_\_\_\_\_  Male  Female  
last first middle

Home Address \_\_\_\_\_ Subdivision \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Student's E-mail \_\_\_\_\_ Student's Cell Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
city state county

Please list the name and phone number of a person other than an immediate family member that knows your address and phone number:

How did you hear about JCA?  School Visit / Event  Media (Online / Newspaper / Radio)  Current Student or Alum  Other \_\_\_\_\_

## II. EDUCATIONAL STATUS

Grade you plan on entering into when you become a student:  9  10  11  12

Name of the grade school you are currently attending: \_\_\_\_\_

List the names of any high schools where you have already taken an entrance exam or placement test: \_\_\_\_\_

Public high school district (number) you live in: \_\_\_\_\_ High school in that district you would attend: \_\_\_\_\_

## III. SPECIAL EDUCATION INFORMATION

Do you have a current IEP?  Yes  No If yes, from what district? \_\_\_\_\_

## IV. ACCOMMODATIONS/SERVICES

Check the accommodations/services below that you are currently receiving or have been recommended to receive:

- Title I Reading  Title I Math  Learning Disabilities  Behavior Disorders  Speech Pathology
- Specialized Instruction  Other (please specify) \_\_\_\_\_

## V. RELIGIOUS INFORMATION

What is your religious affiliation?  Catholic  Protestant (which branch, ie. Baptist, Lutheran, etc.) \_\_\_\_\_  
 Eastern Orthodox  Jewish  Other (please list) \_\_\_\_\_

List the name and address of your parish/church/synagogue: \_\_\_\_\_

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

## VI. ETHNIC BACKGROUND

Check the background with which you most closely identify:

- Caucasian    Black (*not of Hispanic origin*)    Hispanic    American Indian or Alaskan Native    Asian or Pacific Islander

## VII. FAMILY INFORMATION

Student lives with: (*check appropriate box*)    Both parents    Father only    Mother only    Guardian(s)

**Father/Stepfather/Guardian** (*circle one*) \_\_\_\_\_  
*first* *last*

Living    Deceased   Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Company Name \_\_\_\_\_ Company Phone (   ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone (   ) \_\_\_\_\_

DLS/JCHS/JCA Alumnus (*check appropriate box*)    No    Yes, Class of \_\_\_\_\_

**Mother/Stepmother/Guardian** (*circle one*) \_\_\_\_\_  
*first* *last* *(maiden)*

Living    Deceased   Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Company Name \_\_\_\_\_ Company Phone (   ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone (   ) \_\_\_\_\_

SFA/JCA Alumna (*check appropriate box*)    No    Yes, Class of \_\_\_\_\_

List the names of any brothers or sisters currently attending Joliet Catholic Academy:

Name: \_\_\_\_\_ Current Year: \_\_\_\_\_

Name: \_\_\_\_\_ Current Year: \_\_\_\_\_

List the names of any younger brothers or sisters:

Name \_\_\_\_\_ School Attending: \_\_\_\_\_ Current Grade \_\_\_\_\_

Name \_\_\_\_\_ School Attending \_\_\_\_\_ Current Grade \_\_\_\_\_

Name \_\_\_\_\_ School Attending \_\_\_\_\_ Current Grade \_\_\_\_\_

List the names of other family members who are alumni of SFA, DLS, JCHS, or JCA:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Class Year \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Class Year \_\_\_\_\_

## VIII. ACTIVITY INFORMATION

Check the sports, clubs and/or activities that you would like more information about (*check all that apply*):

- |  |   |  |  |   |   |
|--|---|--|--|---|---|
| <input type="checkbox"/> Art & Literary Club | <input type="checkbox"/> Dance Team               | <input type="checkbox"/> Intramural Sports   | <input type="checkbox"/> Red Cross Club      | <input type="checkbox"/> Student Council    | <input type="checkbox"/> Vocal Ensemble |
| <input type="checkbox"/> Band                | <input type="checkbox"/> Drama Club               | <input type="checkbox"/> Jazz Ensemble       | <input type="checkbox"/> Respect Life Club   | <input type="checkbox"/> Student Newspaper  | <input type="checkbox"/> Volleyball     |
| <input type="checkbox"/> Baseball            | <input type="checkbox"/> Football                 | <input type="checkbox"/> Key Club            | <input type="checkbox"/> Scholastic Bowl     | <input type="checkbox"/> Swimming           | <input type="checkbox"/> Wrestling      |
| <input type="checkbox"/> Basketball          | <input type="checkbox"/> French Club              | <input type="checkbox"/> La Esperanza        | <input type="checkbox"/> Science Club        | <input type="checkbox"/> Tennis             | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Book Club           | <input type="checkbox"/> Golf                     | <input type="checkbox"/> Latin Club          | <input type="checkbox"/> Soccer              | <input type="checkbox"/> Tech Club          | _____                                   |
| <input type="checkbox"/> Cheerleading        | <input type="checkbox"/> History Club             | <input type="checkbox"/> Leo Club            | <input type="checkbox"/> Softball            | <input type="checkbox"/> Track & Field      | _____                                   |
| <input type="checkbox"/> Color Guard         | <input type="checkbox"/> Ice Hockey               | <input type="checkbox"/> Math Team           | <input type="checkbox"/> Spanish Club        | <input type="checkbox"/> Varsity Club       | _____                                   |
| <input type="checkbox"/> Cross Country       | <input type="checkbox"/> Int. Student Ambassadors | <input type="checkbox"/> Percussion Ensemble | <input type="checkbox"/> Student Ambassadors | <input type="checkbox"/> Victory View Media | _____                                   |

*As a parent/legal guardian of the above named child, my permission is given to release to Joliet Catholic Academy my student's school records, including, but not limited to confidential academic, special education and disciplinary information, and records concerning my child. I also grant permission for Joliet Catholic Academy to dialogue openly with appropriate parties at my child's current school about matters related to admissions and placement.*

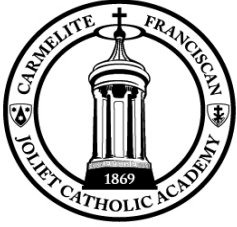
Parent/Guardian's Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

Student's Signature \_\_\_\_\_

*I certify that the information provided on this application is accurate and true. I understand that falsified or incomplete information may result in the denial of admission and/or termination of enrollment at Joliet Catholic Academy.*

**JCA does not discriminate on the basis of age, race, color, sex or national origin.**

<b>FOR OFFICE USE ONLY</b>
\$30 Exam Fee: Paid / Not Paid
Payment: Cash / Check# _____
\$300 Registration Fee
Payment: Cash, Credit Card,
Check# _____



# Parent Authorization Form for Incoming Freshmen

I hereby authorize \_\_\_\_\_ to release upon request  
*Student's Current School*

records and test scores for my son / daughter, \_\_\_\_\_,  
*Student's Name*

to Joliet Catholic Academy as part of his / her high school application process.

I also grant permission for Joliet Catholic Academy

1) to dialogue openly with appropriate parties at my child's current school

about matters related to admissions and placement and

2) to share my child's entrance exam results with his / her current school for curriculum planning

purposes only. I understand that any information exchanged will be kept confidential

according to the stipulations of the Family Educational Rights and Privacy Act of 1974.

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*Signature of Parent or Guardian*

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*Date*

**Incoming freshmen are required to submit this form to the JCA Admissions Office  
along with the JCA Application for Admission and \$30 application fee.**

**Students wishing to transfer to JCA as a sophomore, junior, or senior do not need to complete this form.  
Students wishing to transfer to JCA are required to return the JCA Transfer Application for Admission  
and \$30 application fee to the office of the Vice Principal of Faculty and Operations.**

**Joliet Catholic Academy  
1200 N. Larkin Avenue  
Joliet, IL 60435  
815.741.0500**