



# Optional Application for Admission to Saint Saviour High School for September 2019 (Class of 2023)

## Saint Saviour High School

588 Sixth Street Brooklyn, NY 11215

Phone: 718-768-4406

Fax: 718-369-2688

stsaviour.org      darcy.e@stsaviour.org

## Applicant Profile

Please complete and mail, fax or email to St. Saviour High School by December 15. Submit profile only if applicant listed St. Saviour HS (010) on the TACHS exam.

Personal Information (To be completed by applicant. Please print.)

\_\_\_\_\_ Last Name

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle Name

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

\_\_\_\_\_ Apt. #      \_\_\_\_\_ City

\_\_\_\_\_ State      \_\_\_\_\_ Zip

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Email Address

\_\_\_\_\_ Birth Date

\_\_\_\_\_ Languages Spoken at Home

\_\_\_\_\_ Current School

\_\_\_\_\_ Religious Affiliation

\_\_\_\_\_ Parish, Congregation, or Place of Worship

\_\_\_\_\_ Father's Name

\_\_\_\_\_ Mother's Name

\_\_\_\_\_ Applicant Resides With

\_\_\_\_\_ Parent/Guardian Cell Number

\_\_\_\_\_ Parent/Guardian Email Address

Has anyone in your family ever attended Saint Saviour High School? (select one)      Yes      No

\_\_\_\_\_ Alumna's Name

\_\_\_\_\_ Relation to You

\_\_\_\_\_ Graduation Year

List any Awards and Honors earned:

\_\_\_\_\_

List any Extracurricular Activities in which you currently participate:

\_\_\_\_\_

Please check if you:

- have academic concerns and would like to be contacted by a counselor.
- are mailing St. Saviour High School a copy of your IEP.
- are submitting a written statement/essay to support your application.