



# 2012 PROVIDENCE HIGH SCHOOL APPLICATION

Please circle the date you will test at Providence: SAT. JANUARY 21, 2012 or SAT. JANUARY 28, 2012

**Legal Name of Student**

Applying to grade \_\_\_\_\_

Last Name	First Name	MI

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Preferred First Name of student

**Please circle gender**      MALE      FEMALE

**Birth Place** \_\_\_\_\_ **Birth date** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Social Security #** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
mm      dd      yyyy

**Correspondence should be sent to:** (Title for salutation purposes. Use Mr. & Mrs. if student lives with both parents.)

**Please Circle:** Mr. & Mrs. / Mr. / Mrs. / Ms. / Dr.

First Name	Last Name

Street Number	Street	Apt. #	City	State	Zip code

Home Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name of Father \_\_\_\_\_  
(Legal)                      First                      Last

Name of Mother \_\_\_\_\_  
(Legal)                      First                      Last

Employer \_\_\_\_\_  
(If self-employed give name of business)

Employer \_\_\_\_\_  
(If self-employed give name of business)

Position \_\_\_\_\_  
(Be specific, include title if applicable)

Position \_\_\_\_\_  
(Be specific, include title if applicable)

Business Phone (\_\_\_\_) \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

To assist us in communicating with your household please indicate the language spoken in your home.

Primary language spoken by parents in the home \_\_\_\_\_

Secondary language spoken in the home \_\_\_\_\_

**Current School** \_\_\_\_\_ **Principal** \_\_\_\_\_

**School Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Religion** \_\_\_\_\_ **Church Attending** \_\_\_\_\_

Please indicate if student lives with both legal parents in the same household.  Yes  No

If no, complete the following information and provide a copy of custody agreement.

(This agreement needs to be on file before the student starts the school year.)

Student's primary residence is with \_\_\_\_\_

Name family members who are attending Providence now. \_\_\_\_\_

Name family members who have attended Providence in the past. \_\_\_\_\_

If your parent is a graduate of PHS please indicate name & graduation year. \_\_\_\_\_

Younger Siblings

NAME	AGE	SCHOOL

Is there any special circumstances or diagnosis you would like to share?  
\_\_\_\_\_

### STUDENT QUESTIONNAIRE

On a separate sheet of paper write a 150 word essay incorporating the questions below:

The Core Values at Providence High School are Compassion, Excellence, Justice, Respect and Stewardship.

- 1 What do these words mean to you in applying to Providence High School?
- 2 What types of co-curricular activities do you enjoy? (Religious, sports, music, drama, leadership etc.)
- 3 What type of activities do you plan to become involved with during high school?

Pay close attention to your grammar, punctuation and paragraph form.

I am applying to one of the PHS Focus Programs. I understand it is a 4 year elective program in addition to the college preparatory curriculum. Please initial:

NO \_\_\_\_\_ YES: Medical Focus \_\_\_\_\_ Media Focus \_\_\_\_\_ Technology Focus \_\_\_\_\_

**MEDIA FOCUS PROGRAM:** We understand that the media field is varied and that your interests may be just as diverse. You may submit one of the following projects: a storyboard for a short film or animated piece, a script, newspaper, or magazine article you have written; write about an idea you may have to rock the entertainment industry!

**MEDICAL FOCUS PROGRAM:** List five words that describe yourself, focusing on your gifts/talents. How can these five qualities help you in the future with your career and profession? What are your short term and long term goals? How does enrollment in the Medical Focus Program meet these goals? Describe your participation in any volunteer program. Keeping in mind there will be after school projects; does any extracurricular or outside activity limit your commitment to the program in terms of time, energy and motivation?

**TECHNOLOGY FOCUS PROGRAM:** Describe your interaction with technology. What programs are you familiar with? What do you hope to learn from this focus in addition to your college preparatory program?

Please indicate with your initials that you have completed all sections.

1. \_\_\_\_\_ Include a copy of the student's baptismal and birth certificates.
2. \_\_\_\_\_ Include a check for the application fee, made payable to Providence High School.
3. \_\_\_\_\_ Include student essay(s). One for the application and one for focus program if applicable.
4. \_\_\_\_\_ I have read the entire information packet that I received with this application and understand the process for financial assistance if applicable and all deadline dates.

**I HAVE READ THE ENTIRE APPLICATION AND HAVE COMPLETED ALL SECTIONS.**

Father's Signature: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS: PLEASE SIGN AND RETURN THIS SHEET TO YOUR STUDENT'S CURRENT SCHOOL**



PROVIDENCE HIGH SCHOOL  
511 South Buena Vista Street  
Burbank, CA 91505  
(818) 846-8141 x 501  
FAX (818) 843-8421  
www.providencehigh.org

## RELEASE OF RECORDS

To: \_\_\_\_\_ Date: \_\_\_\_\_  
Elementary School Principal or Middle/High School Counselor

The student named below is applying for high school admission. I authorize you to release **all** requested information to Providence High School.

Student Name: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

*The Administration of Providence High School appreciates your assistance in providing a complete academic transcript. A student will not be considered unless all required information is received. Please read the following information carefully.*

A complete transcript for **grade 9** applicant consists of: records for grade 7 and the first semester of grade 8 (second semester is due upon promotion) and all standardized testing. Two PHS academic reference forms completed by the 8<sup>th</sup> grade teacher and principal or English and Math teachers with principal or school counselor signature.

A complete transcript for **grade 10** applicant consists of: records for grade 7, 8 and the first semester of grade 9 (second semester is due upon promotion) high school placement test, if applicable, and all past standardized testing. Two PHS academic reference forms are to be completed by the current English and Math teacher and signed by the school principal or counselor.

*A transfer student should achieve a "C" or better in their academic course work and demonstrate the ability to successfully participate in a college preparatory program at Providence High School.*

A complete transcript for a **grade 11** applicant consists of: 9<sup>th</sup> and 10<sup>th</sup> grade transcripts with evidence of college classes, all standardized test scores including high school placement test. Two PHS academic reference forms are to be completed by the current English and Math teacher and signed by the school principal or counselor.

*A transfer student should achieve a "C" or better in their academic course work and demonstrate the ability to successfully participate in a college preparatory program at Providence High School.*

If grades differ from the "ABCDF" format please provide interpretation. There are times that international grading practices require additional outside evaluation.

All information received is regarded as confidential. **INFORMATION IS DUE FEBRUARY 3, 2012**

Thank you for sending these materials directly to:  
ADMISSIONS OFFICE  
Providence High School  
511 South Buena Vista St.  
Burbank, CA 91505



## ACADEMIC REFERENCE FORM MATH

Providence High School  
511 South Buena Vista Street  
Burbank, CA 91505  
(818) 846-8141  
[www.providencehigh.org](http://www.providencehigh.org)

Name of Applicant \_\_\_\_\_ Applying to Grade \_\_\_\_\_

This form is to be completed by the Math teacher. The evaluation will be used only by persons on the Admissions Committee and will not become part of the student's cumulative folder; therefore, this form will not be open to general review. Thank you for your time in preparing this report. Your carefully considered judgment will have a direct bearing on this student's acceptance.

Name of school \_\_\_\_\_ Date student entered \_\_\_\_\_

Name of teacher \_\_\_\_\_ Text Book \_\_\_\_\_

In relation to other students in the applicant's age group, please check the appropriate box for each item below.

Student Rating	Excellent	Good	Average	Poor
<b>Motivation:</b> Committed to learning; attentive to goals; inclined to complete tasks; works beyond minimal expectations.				
<b>Sense of Responsibility:</b> Concerned with welfare and rights of others; respects other's/school's property; follows school rules/regulations.				
<b>Personal Relationships:</b> Works well in groups; liked by students/adults; relates to peers and adults in a respectful manner.				
<b>Initiative and Leadership:</b> Often called upon to lead group activities; voluntarily participates in class and co-curricular activities.				
<b>Cooperation</b>				
<b>General Conduct/Effort</b>				
<b>Work and Study Habits</b>				

Comments on above areas: \_\_\_\_\_

Attendance at school: Number of absences \_\_\_\_\_ Number of tardies \_\_\_\_\_

1. If student is in any advanced sections or programs in your school, please explain:

\_\_\_\_\_

2. In which areas do you feel this student needs improvement? \_\_\_\_\_

3. Has the student been recognized for any outstanding academic, athletic, and/or artistic performance?

\_\_\_\_\_  
\_\_\_\_\_

4. Please note any special health problems. \_\_\_\_\_

\_\_\_\_\_

5. Has the student been subjected to any serious disciplinary procedures (*i.e.* suspension, dismissal, etc.)?

Yes  No

Explain \_\_\_\_\_

\_\_\_\_\_

6. Is there any additional information that you think might or should influence our decision about this student?

\_\_\_\_\_

\_\_\_\_\_

Recommendation:

Academically

As a Person

1. I strongly recommend this student.

\_\_\_\_\_

\_\_\_\_\_

2. I recommend this student.

\_\_\_\_\_

\_\_\_\_\_

3. I recommend this student with reservation. (Please state your reservations below)

\_\_\_\_\_

4. I do not recommend this student. (Please state your reason) \_\_\_\_\_

\_\_\_\_\_

5. Please call the Principal or Counselor (\_\_\_\_\_) \_\_\_\_\_

Some students request their application to be redirected in the event that they are not accepted to Providence High School. Do you give permission to include this recommendation if redirection is requested?  Yes  No

If this student is tentatively accepted and enrolls in our school for the following year, we will request the June report card grades as a final acceptance determinant. If you have any reason to change your recommendation after you have completed this form, please notify the principal. Thank you for the time you have taken to prepare this report. If you have sent the records to another high school, please indicate below:

High School \_\_\_\_\_ Date \_\_\_\_\_

High School \_\_\_\_\_ Date \_\_\_\_\_

Teacher (Math or English) \_\_\_\_\_ Date \_\_\_\_\_

(required)

Principal or Counselor \_\_\_\_\_ Date \_\_\_\_\_

(required)

School Address \_\_\_\_\_

Street

City

Zip

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



## ACADEMIC REFERENCE FORM ENGLISH

Providence High School  
511 South Buena Vista Street  
Burbank, CA 91505  
(818) 846-8141  
[www.providencehigh.org](http://www.providencehigh.org)

Name of Applicant \_\_\_\_\_ Applying to Grade \_\_\_\_\_

This form is to be completed by the English teacher. The evaluation will be used only by persons on the Admissions Committee and will not become part of the student's cumulative folder; therefore, this form will not be open to general review. Thank you for your time in preparing this report. Your carefully considered judgment will have a direct bearing on this student's acceptance.

Name of school \_\_\_\_\_ Date student entered \_\_\_\_\_

Name of teacher \_\_\_\_\_

In relation to other students in the applicant's age group, please check the appropriate box for each item below.

Student Rating	Excellent	Good	Average	Poor
<b>Motivation:</b> Committed to learning; attentive to goals; inclined to complete tasks; works beyond minimal expectations.				
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<b>Cooperation</b>				
<b>General Conduct/Effort</b>				
<b>Work and Study Habits</b>				

Comments on above areas: \_\_\_\_\_

Attendance at school:                  Number of absences \_\_\_\_\_                  Number of tardies \_\_\_\_\_

1. If student is in any advanced sections or programs in your school, please explain. \_\_\_\_\_  
\_\_\_\_\_
2. In which areas do you feel this student needs improvement? \_\_\_\_\_  
\_\_\_\_\_

3. Has the student been recognized for any outstanding academic, athletic, and/or artistic performance?

\_\_\_\_\_  
\_\_\_\_\_

4. Please note any special health problems. \_\_\_\_\_

\_\_\_\_\_

5. Has the student been subjected to any serious disciplinary procedures (*i.e.* suspension, dismissal, etc.)?

Yes  No

Explain \_\_\_\_\_

\_\_\_\_\_

6. Is there any additional information that you think might or should influence our decision about this student?

\_\_\_\_\_

\_\_\_\_\_

Recommendation:

Academically

As a Person

1. I strongly recommend this student.

\_\_\_\_\_

\_\_\_\_\_

2. I recommend this student.

\_\_\_\_\_

\_\_\_\_\_

3. I recommend this student with reservation. (Please state your reservations below)

\_\_\_\_\_

4. I do not recommend this student. (Please state your reason) \_\_\_\_\_

\_\_\_\_\_

5. Please call the Principal or Counselor (\_\_\_\_\_) \_\_\_\_\_

Some students request their application to be redirected in the event that they are not accepted to Providence High School. Do you give permission to include this recommendation if redirection is requested?  Yes  No

If this student is tentatively accepted and enrolls in our school for the following year, we will request the June report card grades as a final acceptance determinant. If you have any reason to change your recommendation after you have completed this form, please notify the principal. Thank you for the time you have taken to prepare this report. If you have sent the records to another high school, please indicate below:

High School \_\_\_\_\_ Date \_\_\_\_\_

High School \_\_\_\_\_ Date \_\_\_\_\_

Teacher (Math or English) \_\_\_\_\_ Date \_\_\_\_\_

(required)

Principal or Counselor \_\_\_\_\_ Date \_\_\_\_\_

(required)

School Address \_\_\_\_\_

Street

City

Zip

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