



# SAINT KATHARINE DREXEL PREPARATORY SCHOOL

5116 Magazine Street \* New Orleans, Louisiana 70115

Phone: (504) 899-6061 Fax: (504) 503-7801

[www.drexelprep.com](http://www.drexelprep.com)

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## APPLICATION FOR ADMISSION

FULL LEGAL NAME OF APPLICANT: \_\_\_\_\_  
(Last) (First) (Middle)

APPLICANT'S ADDRESS: \_\_\_\_\_  
(Street Address) (City/State/Zip)

HOME PHONE: \_\_\_\_\_ ETHNICITY/RACE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY # (required) \_\_\_\_\_

APPLYING FOR GRADE: \_\_\_\_\_ ACADEMIC YEAR: \_\_\_\_\_

RELIGION: \_\_\_\_\_ CHURCH: \_\_\_\_\_

CATHOLIC CHURCH THAT YOU LIVE CLOSEST TO: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_  
(Street Address) (City/State/Zip)

PLEASE RESPOND TO THE FOLLOWING QUESTIONS - HAS THE STUDENT

PREVIOUSLY APPLIED TO XAVIER PREP? \_\_\_\_\_ GRADE: \_\_\_\_\_ YEAR: \_\_\_\_\_

PREVIOUSLY ATTEND XAVIER PREP or ST. KATHARINE DREXEL PREP? \_\_\_\_\_ GRADE: \_\_\_\_\_

YEAR: \_\_\_\_\_

PREVIOUS SCHOOLS ATTENDED (K-12<sup>TH</sup>):

School	Grades	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## I. FAMILY INFORMATION

### MOTHER:

FULL NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
*(Dr./Mrs./Ms.)*

ADDRESS: \_\_\_\_\_  
*(Street Address) (City/State/Zip)*

PLACE OF EMPLOYMENT: \_\_\_\_\_ TITLE: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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### FATHER:

FULL NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
*(Dr./Mr.)*

ADDRESS: \_\_\_\_\_  
*(Street Address) (City/State/Zip)*

PLACE OF EMPLOYMENT: \_\_\_\_\_ TITLE: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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### STEP-PARENT/GUARDIAN:

FULL NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
*(Dr./Mr./Mrs./Ms.)*

ADDRESS: \_\_\_\_\_  
*(Street Address) (City/State/Zip)*

PLACE OF EMPLOYMENT: \_\_\_\_\_ TITLE: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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## PARENT/GUARDIAN STATUS:

*Please circle all that apply:*

Parents married	Father deceased
Parents separated	Mother remarried
Parents divorced	Father remarried
Mother deceased	Single/Never Married

**Applicant Lives With:**

Mother & Father	Legal Guardian
Mother	Father & Stepmother
Father	Mother & Stepfather
Grandparent(s)	Other Relative

## II. SELECT COURSES YOU WOULD LIKE TO STUDY THIS YEAR:

*Please circle two choices only:*

Art I	Beginning Chorus	Fine Art Survey/Art
Piano I	Beginning Band	Fine Art Survey/Music

## III. PLEASE INDICATE YOUR CHOICE OF FOREIGN LANGUAGES:

*Please circle your choice:*

<b>Spanish I or II</b>	<b>Latin</b>
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## IV. HAVE YOU TAKEN ANY HIGH SCHOOL LEVEL COURSES:

*Please circle the appropriate answer:*

<b>No</b>	<b>Yes</b>
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## V. DOES THE STUDENT HAVE ANY LEARNING DISABILITY OR SPECIAL NEEDS?

*Please circle the appropriate answer:*

<b>No</b>	<b>Yes</b>
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## VI. DOES THE STUDENT HAVE AN INDIVIDUAL ACCOMODATION PLAN (IAP) OR INDIVIDUAL EDUCATION PLAN (IEP)?

**PLEASE NOTE:**

*St Katharine Drexel Preparatory does not offer a special program to students with learning disabilities or special needs.*

## VI. IS THE STUDENT INTERESTED IN A SPORTS ACTIVITY?

*Please circle your choice or choices:*

<b>Volleyball</b>	<b>Basketball</b>	<b>Softball</b>
<b>Track</b>	<b>Cross Country</b>	<b>None</b>

## VII. PLEASE LIST ANY ACTIVITY OR SPORTS PROGRAM STUDENT IS CURRENTLY PARTICPATING

- ◆ \_\_\_\_\_
- ◆ \_\_\_\_\_
- ◆ \_\_\_\_\_

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VIII. PLEASE LIST THE RELATIVES OF THE STUDENT WHO CURRENTLY ATTENDS DREXEL PREP, OR HAVE GRADUATED FROM XAVIER UNIVERSITY PREPARATORY SCHOOL

Name	Relation	Grade/Year Graduated
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IX. PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH APPLICATION:

1. Copy of Student's Current Report Card
2. Copy of Student's Birth Certificate
3. Copy of Student's Social Security Card
4. Cumulative Records/Transcripts
5. Recent Standardized Test Scores (Iowa, Stanford, PLAN, PSAT, ACT, SAT etc.)
6. Public School Students applying to 9<sup>th</sup> grade must submit a copy of their LEAP test scores.
7. A Current School Picture
8. Immunization/ Shot Records
9. Copy of IAP or IEP; if applicable
10. \$30.00 application fee to be paid to the Drexel Prep Business and Finance Office (Cash or Money Order only)

I have read the above application carefully and have answered all questions honestly to the best of my knowledge.

*Please sign to acknowledge information provided is correct and accurate.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Parent or Guardian)