



SAINT KATHARINE DREXEL PREPARATORY SCHOOL

5116 Magazine Street * New Orleans, Louisiana 70115

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

www.drexelprep.com

APPLICATION FOR ADMISSION

PLEASE PRINT, COMPLETE IN FULL, SIGN, DATE AND RETURN TO DREXEL PREP SCHOOL-ADMISSIONS OFFICE

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-12TH):

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

SAINT KATHARINE DREXEL PREPARATORY SCHOOL

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: _____

FATHER:

FULL NAME: _____ HOME PHONE: _____
(Dr./Mr.)

ADDRESS: _____
(Street Address) (City/State/Zip)

PLACE OF EMPLOYMENT: _____ TITLE: _____

WORK NUMBER: _____ CELL NUMBER: _____

EMAIL ADDRESS: _____

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:

Spanish I or II	Latin
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IV. HAVE YOU TAKEN ANY HIGH SCHOOL LEVEL COURSES:

Please circle the appropriate answer:

No	Yes
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V. DOES THE STUDENT HAVE ANY LEARNING DISABILITY OR SPECIAL NEEDS?

Please circle the appropriate answer:

No	Yes
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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:

Volleyball	Basketball	Softball
Track	Cross Country	None

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

◆ _____

◆ _____
◆ _____

SAINT KATHARINE DREXEL PREPARATORY SCHOOL

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 9th 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)