

APPLICATION FOR ADMISSION

ROCKHURST HIGH SCHOOL

To be Completed by the Parent or Guardian

Please Print or Type

| | | | | | | | | | | | | |
|---|-----------------|--------------------------------|------------------|------------------------------------|---------------|-----------------------------------|--------------------------------------|--------------------------------------|---------|--------|---------------|--|
| Candidate for the | 9 TH | 10 TH | 11 TH | 12 TH | Grade | Social Security Number | _____ | | | | | |
| Full Legal Name of Applicant | Last Name | | Suffix | | First Name | | Middle Name | | | | | |
| Applicant's Home Address | Street | | | | | City | | | | | | |
| | State | | Zip + 4 | | Student Email | | | Telephone () | | | | |
| Birthdate | Age | | | | Birthplace | | | | | | | |
| Present School | School Name | | | | | <input type="checkbox"/> Catholic | | <input type="checkbox"/> Public | | | | |
| | | | | | | | <input type="checkbox"/> Independent | | | | | |
| Address of Present School | | | City | | | State | | | Zip + 4 | | | |
| Previous School | School Name | | | | | | | | | | | |
| Grades Attended _____ | | | | | | | | | | | | |
| Address | | | City | | | State | | | Zip + 4 | | | |
| Ethnic Background (Check where appropriate) | | | | | | | | | | | | |
| <input type="checkbox"/> African-American | | <input type="checkbox"/> Asian | | <input type="checkbox"/> Caucasian | | <input type="checkbox"/> Hispanic | | <input type="checkbox"/> Other _____ | | | | |
| Religion <input type="checkbox"/> Catholic <input type="checkbox"/> Other (Please specify) _____ Church Name _____ | | | | | | | | | | | | |
| Father | | | | | | Mother | | | | | | |
| Full Name | Last Name | Suffix | First Name | MI | Title | Last Name | First Name | MI | Title | Maiden | | |
| Home Address | Street | | | | | Street | | | | | | |
| | City | | State | | Zip + 4 | | City | | State | | Zip + 4 | |
| Telephone | Home Phone () | | Cell Phone () | | | Home Phone () | | Cell Phone () | | | | |
| | Email | | | | | | | | | | | |
| Employer | | | | | Telephone () | | | | | | Telephone () | |
| Business Address | Street | | | | | Street | | | | | | |
| | City | | State | | Zip + 4 | | City | | State | | Zip + 4 | |
| Business Email | | | | | | | | | | | | |
| Occupation/Title | | | | | | | | | | | | |

Directions: Please attach the student essay and parents' recommendation letter to this application.

Applicant's Personal Essay

To be completed by the applicant

If you could trade places with any living person, who would that person be? Explain your supporting reasons for your selection and what you hope to accomplish in your new role.

Parents' Letter of Recommendation

Directions: Write a letter of recommendation to the Admission Committee for your child. This recommendation might include an assessment of your child's strengths and weaknesses or a statement of why you believe Rockhurst and your son would be a good match.

Placement Test Registration

The STS High School Placement Test will be given at Rockhurst High School on a Saturday in early January. To register for the test, simply enclose a check for \$15.00 made out to Rockhurst and sign below.

Student Signature _____

Parent Signature _____

Date _____

Mail the completed application/test registration to:
ROCKHURST HIGH SCHOOL, OFFICE OF ADMISSION
9301 STATE LINE ROAD • KANSAS CITY, MO 64114-3299

(816) 363-2036 • FAX (816) 363-3764 • WWW.ROCKHURSTHS.EDU

ROCKHURST
HIGH SCHOOL

Applicant's Personal Statement

To be completed by the applicant

Directions: Please respond to questions 1-4 in the space provided using your best handwriting, or you may type and attach your responses to this application.

1. Why did you decide to apply to Rockhurst High School?

2. List three things about yourself that you consider to be strong points.

3. List the activities in which you have participated during the last two years in your school, church and/or community.

4. In addition to academic courses, list the activities you would like to join at Rockhurst High School. If music, name instrument(s).

Check where appropriate:

- | | | |
|--|--|--|
| <input type="checkbox"/> Lives with Both Parents | <input type="checkbox"/> Lives with Mother | <input type="checkbox"/> Lives with Father |
| <input type="checkbox"/> Lives with Guardian(s) | <input type="checkbox"/> Parents Divorced | <input type="checkbox"/> Parents Separated |
| <input type="checkbox"/> Mother Deceased | <input type="checkbox"/> Father Deceased | <input type="checkbox"/> Other _____ |

Other Children in Family (Give names, ages, grades and schools as applicable)

| Name | Age | Grade | School |
|------|-----|-------|--------|
| Name | | | |
| Name | | | |
| Name | | | |
| Name | | | |
| Name | | | |
| Name | | | |
| Name | | | |
| Name | | | |

Relatives Who Have Attended Rockhurst High School and Their Years of Graduation

| Name | Relationship | Class of |
|------|--------------|----------|
| Name | Relationship | Class of |
| Name | Relationship | Class of |
| Name | Relationship | Class of |
| Name | Relationship | Class of |
| Name | Relationship | Class of |
| Name | Relationship | Class of |

Rockhurst High School admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in the administration of its education policies, admission policies, scholarship programs, or athletic and other school-administered programs.

Signature of Father (or Guardian) _____ Date _____ Signature of Mother (or Guardian) _____ Date _____