



Divine Savior Holy Angels High School

For Office Use Only
Date Received _____
Student # _____

New Student Admissions Application

This application form must be completed by all **incoming freshmen** and **transfer students** applying to DSHA. A non-refundable **admissions fee of \$25** must accompany **all** admissions applications.

Please note: To receive full consideration, admissions applications should be submitted by **December 12, 2008** with both sides **fully** completed. Students who apply after this date have a greater chance of being placed on a waiting list.

- All **incoming freshmen** must take an entrance exam administered by DSHA or another Milwaukee area Catholic high school. If taken elsewhere, exam scores should be included with this application or forwarded to the DSHA Admissions Office as soon as possible. The DSHA Admissions Office will acquire school records for incoming freshmen who apply by the deadline.
- A **transfer student** must submit the **transfer student forms** and a **transcript** from her current high school along with her admissions application.

After all required information has been received and evaluated, the prospective student and her parents will be notified of her admissions status.

STUDENT INFORMATION (To be completed by student)

Student Name _____
Last First Nickname Middle

Applying as New Freshman Transfer Student Current School _____ Grade (2008-2009) _____

Home Address _____
Number & Street City State Zip E-mail

Home Phone () _____ Date of Birth ____/____/____ Social Security Number ____-____-____

Have you ever been dismissed from any school for disciplinary reasons? Yes No If yes, explain: _____

If applying as a transfer student, please indicate reason(s) for transfer: _____

Religion _____ Parish / Church / Congregation _____

Ethnic Origin: American Indian Asian/Oriental Eastern Indian Middle Eastern White/Caucasian
 African American Biracial Hispanic Other _____

Do you have any special health considerations of which we should be aware? _____

Why do you want to attend DSHA? (This section **MUST** be written by the prospective student.) _____

For Office Use Only				
Application Fee Rec'd:	Date: _____	Amt. \$ _____	Check # _____	Tuition Pkg. Sent: _____

Divine Savior Holy Angels High School does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship, financial aid, loan programs, and athletic and other school-administered programs.

PARENT/FAMILY INFORMATION (To be completed by parents/guardians)

With whom does the student reside:

Mother and Father Father Mother Guardian
 Father and Stepmother Mother and Stepfather Relative Other _____
Name Relationship

If parents' address differs from student's, do you wish mailings sent to: Father Mother Both Other _____

Father _____ E-mail _____
First (and preferred name) Middle Initial Last

Employer/Business _____ Position/Title _____ Business Phone _____

(Stepmother - if applicable _____ Employer/Business _____)
First (and preferred name) Middle Initial Last

Father's Home Address _____ Home Phone _____
Street City State Zip

Mother _____ E-mail _____
First (and preferred name) Middle Initial Maiden Name Last Name

Employer/Business _____ Position/Title _____ Business Phone _____

(Stepfather - if applicable _____ Employer/Business _____)
First (and preferred name) Middle Initial Last

Mother's Home Address _____ Home Phone _____
Street City State Zip

Did Mother Attend: HA _____ DS _____ DSHA _____ Did Grandmother attend: HA _____ DS _____ DSHA _____
Year Year Year Year Year Year Year

Which Grandmother? Paternal Maternal Grandmother's Name _____
First Maiden Last

Does **applicant** have any sister(s), or any other relatives (aunts, cousins, etc.) who attended DS, HA or DSHA? Yes No Please list name(s), relationship and year(s) of graduation.

Please provide the following information on all siblings:

Name	Birth Date	Current Grade	Current School

SIGNATURES

Student _____ Date: _____

Parents/Guardians: I/We agree to assume responsibility for all tuition, fees, books and other expenses of the student while attending DSHA. This agreement will be in effect for each semester the student is enrolled at DSHA. I/We also give permission for DSHA to request and receive all pertinent records from my/our daughter's current school of attendance. (On applications where only one signature of a parent/guardian is provided, DSHA will assume that this parent/guardian will be solely responsible for the student's tuition and other expenses.)

Signed _____ Date: _____
Parent/Guardian

Signed _____ Date: _____
Parent/Guardian

The following information is requested for informational purposes only and is not considered in the application review process.
 Would you like an application for the Milwaukee Parental Choice Program? Yes No
 Would you like an application for need-based financial assistance? Yes No
 Would you like an application for merit scholarships? Yes No

Please return this form and the non-refundable \$25.00 application fee to:

Divine Savior Holy Angels Admissions • 4257 N. 100th Street • Milwaukee, WI 53222 • 414-466-3707 • FAX 414-466-4778

DSHA is sponsored by the Sisters of the Divine Savior