

De La Salle North Catholic
7528 N Fenwick Ave.
Portland, OR 97217



FOR OFFICIAL USE ONLY

Date Received _____
App. Fee \$25.00 paid? Y N
Check # _____
Receipt # _____
Waiver application Y N Code # _____

DE LA SALLE NORTH CATHOLIC HIGH SCHOOL
APPLICATION FOR ADMISSION

STUDENT INFORMATION

Student's Last Name _____ First Name _____ Middle _____ Nickname/Preferred Name _____
••••• ••••• ••••• •••••
•• FEMALE •• MALE _____ - _____
(check one) Social Security # (Required for CIP employment) _____ (circle one)

APPLICATION FOR GRADE: 9 10 11 12

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Student Mobile Phone _____
Student Email Address _____

ETHNIC BACKGROUND (optional):
 African American Caucasian
 Asian Pacific Islander
 Hispanic Native American
 Multi-Racial Other _____

Birth Date (mm/dd/yy) _____ Place of Birth: City, State, Country _____

RELIGIOUS AFFILIATION: Roman Catholic, Parish: _____
 Other, Church: _____

PARENT OR GUARDIAN INFORMATION

FATHER, STEPFATHER OR GUARDIAN-LAST NAME, FIRST NAME (circle one) _____		MOTHER, STEPMOTHER OR GUARDIAN-LAST NAME, FIRST NAME(circle one) _____	
ADDRESS, CITY, STATE, ZIP (only if different from student address) _____		ADDRESS, CITY, STATE, ZIP (only if different from student address) _____	
EMPLOYER _____	OCCUPATION _____	EMPLOYER _____	OCCUPATION _____
WORK PHONE # _____	MOBILE PHONE # _____	WORK PHONE # _____	MOBILE PHONE # _____
EMAIL ADDRESS _____		EMAIL ADDRESS _____	
FULL LEGAL RESPONSIBILITY FOR THE STUDENT IS WITH: (check one...all correspondence will be sent to the person indicated)			
<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEPFATHER <input type="checkbox"/> GUARDIAN			
PERSON WHO WILL ASSUME FULL FINANCIAL RESPONSIBILITY FOR THE STUDENT'S EDUCATION:			
<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEPFATHER <input type="checkbox"/> GUARDIAN			
SIGNATURE _____	DATE _____	PRINTED NAME _____	

PLEASE LIST ANY FAMILY MEMBERS WHO ARE CURRENTLY ATTENDING DE LA SALLE NORTH CATHOLIC HIGH SCHOOL:

NAME _____	RELATIONSHIP _____	GRADUATION YEAR _____
NAME _____	RELATIONSHIP _____	GRADUATION YEAR _____