



REITZ MEMORIAL HIGH SCHOOL APPLICATION FOR ADMISSION

STUDENT INFORMATION

Full Name _____
First Middle Last

Date of Birth ____ / ____ / ____ **Place of Birth** _____

Gender Male Female **Preferred Phone Number** (____) ____ - _____

Mailing Address _____
Street Address

City State Zip Code

Student lives with: Father & Mother Father Mother
 Grandparents Legal Guardian(s) Other _____

If parents are divorced, please attach part of divorce decree relating to custody & release of information

Religion Catholic Non-Catholic
If Catholic, please include Parish where registered: _____
If Non-Catholic, please include Church where family attends: _____

Applying for enrollment in grade: 9 10 11 12

Current School _____
Name of School

Street Address

City State Zip Code

Please list the name of any siblings who has graduated from or are currently attending Reitz Memorial.

Name	Graduation Year	Name	Graduation Year
_____	_____	_____	_____
_____	_____	_____	_____

FATHER / GUARDIAN INFORMATION

Is the Father living? Yes No

Name _____
First Last

Mailing Address _____
if different from Street Address
the student

City State Zip Code

Email Address _____

Cell Phone Number (_____) _____ - _____

Reitz Memorial graduate? Yes No **If Yes, graduation year:** _____

Name of Step-Mother (if applicable): _____

MOTHER / GUARDIAN INFORMATION

Is the Mother living? Yes No

Name _____
First Last

Mailing Address _____
if different from Street Address
the student

City State Zip Code

Email Address _____

Cell Phone Number (_____) _____ - _____

Reitz Memorial graduate? Yes No **If Yes, graduation year:** _____

Name of Step-Father (if applicable): _____

This application for admission has been completed in its entirety by a parent or legal guardian. I give permission for Reitz Memorial High School to contact the current school for the purpose of completing the admissions process. This would include, but not be limited to, information regarding attendance, academic progress, discipline, and tuition status.

Father or Guardian's Signature Date

Mother or Guardian's Signature Date

RETURN TO - Attn: Admissions Office
Reitz Memorial High School
1500 Lincoln Avenue
Evansville, IN 47714

\$100 REGISTRATION FEE INCLUDED
(NON-REUNDABLE)

OFFICE USE ONLY

Amount \$ _____ Check # _____
Date Rec. _____ Initialed by _____