



Please attach
photo of
candidate.

Application for Admission
Class of 2016

FRESHMAN ADMISSIONS

Please carefully review the admission process for entry into ninth grade described in our admissions brochure to ensure that your application receives the most thorough consideration.

STUDENT NAME: _____

CURRENT SCHOOL: _____

Admissions Checklist

You are encouraged to submit your application at your earliest possible date.

- Visit Antonian campus through group or individual tour - OPTIONAL
- Attend High School Placement Test Practice Session on November 12, 2011 - OPTIONAL
- Remit High School Placement Test Registration Form and test administration fee of \$15.00 as soon as possible but not later than December 3, 2011
- Remit Antonian Application for Admission as soon as possible but not later than December 3, 2011
- Schedule Candidate Interview upon remittance of Antonian Application for Admission, High School Placement Test Registration Form, and test administration fee

Please indicate 1st, 2nd, and 3rd choice preference for date/time of interview :

_____ Monday between 3:30 and 5:30 p.m.

_____ Tuesday between 3:30 and 5:30 p.m.

_____ Wednesday between 3:30 and 5:30 p.m.

_____ Thursday between 3:30 and 5:30 p.m.

_____ Saturday between 9:30 and 11:30 a.m.

_____ Saturday between 1:00 and 3:00 p.m.

For Office Use Only:

Catholic High Schools of the Archdiocese of San Antonio
High School Placement Test Registration Form
December 3, 2011

FORM A

Please check one or more:

First Choice: My child is taking the HSPT and seeks admission to the school at which he/she is testing (check one):

All Male School	All Female Schools	Coeducational Schools
<input type="checkbox"/> Central Catholic High School	<input type="checkbox"/> Incarnate Word High School	<input checked="" type="checkbox"/> Antonian College Preparatory High School
	<input type="checkbox"/> Providence Catholic School	<input type="checkbox"/> Holy Cross of San Antonio
		<input type="checkbox"/> John Paul II Catholic High School
		<input type="checkbox"/> Our Lady of the Hills Regional Catholic High School (Kerrville)
		<input type="checkbox"/> St. Anthony Catholic High School
		<input type="checkbox"/> St. Gerard Catholic High School
		<input type="checkbox"/> The Atonement Academy College Preparatory School

Second Choice: If not admitted to above school, please send the scores to the following school(s) (check one or more or none):

All Male School	All Female Schools	Coeducational Schools
<input type="checkbox"/> Central Catholic High School	<input type="checkbox"/> Incarnate Word High School	<input type="checkbox"/> Antonian College Preparatory High School
	<input type="checkbox"/> Providence Catholic School	<input type="checkbox"/> Holy Cross of San Antonio
		<input type="checkbox"/> John Paul II Catholic High School
		<input type="checkbox"/> Our Lady of the Hills Regional Catholic High School (Kerrville)
		<input type="checkbox"/> St. Anthony Catholic High School
		<input type="checkbox"/> St. Gerard Catholic High School
		<input type="checkbox"/> The Atonement Academy College Preparatory School

Alternate Test Site: My child is not seeking admission to the school at which he/she is testing. Please send the scores to the following school(s) (check one or more):

All Male School	All Female Schools	Coeducational Schools
<input type="checkbox"/> Central Catholic High School	<input type="checkbox"/> Incarnate Word High School	<input type="checkbox"/> Antonian College Preparatory High School
	<input type="checkbox"/> Providence Catholic School	<input type="checkbox"/> Holy Cross of San Antonio
		<input type="checkbox"/> John Paul II Catholic High School
		<input type="checkbox"/> Our Lady of the Hills Regional Catholic High School (Kerrville)
		<input type="checkbox"/> St. Anthony Catholic High School
		<input type="checkbox"/> St. Gerard Catholic High School
		<input type="checkbox"/> The Atonement Academy College Preparatory School

Student's Name: _____ Date of Birth: _____

School Presently Attending: _____

Parent or Guardian: (Mother): _____ (Father): _____ (Guardian): _____

Home Phone: _____ Work Phone (Mother): _____ (Father): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Parent E-Mail Address: _____ Student E-Mail Address: _____

Parent or Guardian Signature: _____ Date: _____

Fee \$15.00 Please return this form with the testing fee to the school at which the student is testing.
 Your son's/daughter's admission status will be mailed on Friday, February 3, 2012.

For Office Use Only Date Received _____ Cash _____ Check _____ Other _____

Antonian College Preparatory High School
Application for Admission
Class of 2016

FORM B

CANDIDATE INFORMATION

Legal Name: _____ Nickname: _____

Address, City, State, Zip: _____ Gender: _____

Home Phone Number: _____ Date of Birth: _____ Social Security Number: _____

School Presently Attending: _____

Religion: _____ Parish/Church: _____

FAMILY INFORMATION

Mother/Guardian 1

Name: _____

Address: _____

Home Phone: _____

Employer: _____

Work Phone: _____

E-Mail: _____

Father/Guardian 2

Name: _____

Address: _____

Home Phone: _____

Employer: _____

Work Phone: _____

E-Mail: _____

CANDIDATE DECLARATIONS (Items below to be completed by candidate for admission)

In one or two sentences, please state what has convinced you to apply to Antonian?

Tell us about any clubs/organizations, athletic teams, service or leadership opportunities you have had. Of these, which assisted in your spiritual or leadership formation during your middle school years.

Antonian College Preparatory High School
Admissions Articulation Form

FORM C

PARENT DECLARATION (to be completed by parent of candidate for admission)

By enrolling your son/daughter at Antonian, what are your hopes for him/her and your expectations of Antonian? Include any other information which may be helpful in our evaluation of your child.

REFERENCE CONTACT INFORMATION

Please list one adult not related to the candidate whom we could contact that would attest to his/her character.

Name: _____ E-mail: _____

How does the candidate know this person? _____

ADDITIONAL INFORMATION (OPTIONAL)

_____ The candidate is the son/daughter of an Antonian or Ursuline graduate **OR** sibling of Antonian current student or graduate

NAME OF PARENT: _____ CLASS OF: _____

NAME OF SIBLING : _____ CLASS OF: _____

NAME OF SIBLING : _____ CLASS OF: _____

ADMISSIONS ARTICULATION

I wish to apply for **Admission to Antonian College Preparatory High School** for my son/daughter and understand that a letter regarding admission will be issued by February 3, 2012.

If satisfactory evaluation of the candidates records results in an offer of admissions, I understand that I will have until February 24, 2012 to register him/her. Once asked to register, I understand that I must complete the registration process by the date above or else risk forfeiture of the reserved spot.

Completion of the registration process includes the remittance of a completed registration form, a completed enrollment contract, payment of a registration fee of \$150.00, and payment of a book deposit of \$100.00. Said forms will be included with the letter of admission on February 3, 2012.

My signature herein indicates that I understand and agree to this information and authorize Antonian College Preparatory High School to seek information from any person or entity having information that corroborates the data provided on this form.

Parent Signature: _____ Date: _____