



DonBoscoCristoRey
A High School of the
Archdiocese of Washington

The "School that Works" for Washington, DC Since 2007
1010 Larch Avenue, Takoma Park, MD 20912
TEL: 301-891-4750 FAX: 301-270-1459

STUDENT APPLICATION FORM

STUDENT'S PERSONAL INFORMATION

Name: First: _____ Middle: _____ Last: _____

Address: _____ Apt: _____
City: _____ State: _____ Zip: _____

Student Phone: (____) _____ - _____ (____) _____ - _____
Home Cell

Student E-mail: _____ Student SS Number: _____ - _____ - _____

Birth Date: ____/____/____ Birthplace: State: _____ Country: _____

Student is: A citizen of the US A lawful permanent resident

Grade Applying For: 9th 10th 11th Gender: Male Female

Ethnicity: Asian African American Hispanic White African Other _____

Religious Affiliation: Catholic Christian (Non-Catholic) No Affiliation
 Baptist Seventh Day Adventist Other _____

Place of Worship: Name of Church: _____

Language Spoken at Home: English Spanish Other _____

Student lives with: Mother Father Both Legal Guardian

Does the student have any siblings currently attending DBCR?
 YES NO Sibling Name: _____ Grade: _____

PERSONAL ESSAY

Requirements: Attach a 1 page double spaced, typed essay. The font should be Times New Roman, size 12.

Topic: Talk about the choices you had for high school and why you ultimately chose Don Bosco Cristo Rey. What aspects of your personality and factors in your life make you a good fit for the school and work program?

STUDENT'S SCHOOL INFORMATION

Current School: _____

List all previous schools: 1. _____ 3. _____
2. _____ 4. _____

Has the student received or is currently receiving any additional support?

IEP 504 Plan Reading Support Counseling Other _____

Is the student currently in an English as a Second Language Program? YES NO

PRIMARY GUARDIAN

Name: First: _____ Middle: _____ Last: _____

Address: _____ Apt: _____
City: _____ State: _____ Zip: _____

Phone: (____) _____ *Home* (____) _____ *Cell* (____) _____ *Work*

E-mail: _____

Relationship to Applicant: _____ Birth Country: _____

SECONDARY GUARDIAN

Name: First: _____ Middle: _____ Last: _____

Address: _____ Apt: _____
City: _____ State: _____ Zip: _____

Phone: (____) _____ *Home* (____) _____ *Cell* (____) _____ *Work*

E-mail: _____

Relationship to Applicant: _____ Birth Country: _____

By signing this document you are affirming that all of the information contained herein is accurate and true to the best of your knowledge.

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____