



Louisville High School

Application for Admission

A National Blue Ribbon School of Excellence • Accredited by the Western Association of Schools and Colleges

22300 Mulholland Drive • Woodland Hills, CA 91364 • (818) 346-8812 • Fax (818) 346-9483 • www.louisvillehs.org

Student Information

The student's parent(s) or guardian should complete this form.

Student's Name:

Last First Middle Nickname

Date of Birth: _____ Applying for Grade: _____ For the Academic Year: _____

Religious Affiliation: _____ Parish: _____

Ethnic Origin:

- Native American Other Asians/Filipino Pacific Islander
 African American/Black Hispanic/Latino Other/White

Student's Home Address:

Street City State Zip Code

Family Phone: () E-mail: _____ Fax: ()

Family/Guardian Information

 Father's Name: _____ Phone: ()

 _____ Cell: ()
 Last First Middle (If different from student's)

Address: _____ Religious Affiliation: _____
(If different from student's home address)

Employer: _____ Position: _____ Bus. Phone: ()
Phone: ()

 Mother's Name: _____ Cell: ()
 Last First Middle or Maiden

Address: _____ Religious Affiliation: _____
(If different from student's home address)

Employer: _____ Position: _____ Bus. Phone: ()
Phone: ()

 Guardian's Name: _____ Cell: ()
 Last First Middle or Maiden

Address: _____ Religious Affiliation: _____
(If different from student's home address)

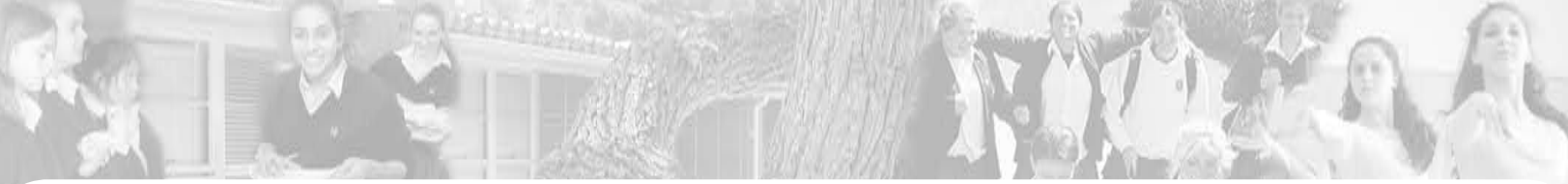
Additional Information

- The student is living with: Both Parents Mother Father Guardian
 Check if appropriate: Mother Deceased Father Deceased Parents Separated Parents Divorced

Please note the person financially responsible for the applicant: _____

Address: _____ Phone: ()

Mail should be sent to: Both Parents Mother Only Father Only Guardian



School and Educational Background

Student's Current School: _____ Current Grade: _____

Address: _____ Phone: () _____

List other schools student has attended in the past three years:

Dates Attended: _____ Name & Address of School: _____

Religious Education Information

All applicants should attach a copy of your Baptismal Certificate.

Date of First Communion: _____ Church: _____

If student is attending a public school or a non-Catholic private school, please answer the following:

Has student ever attended a Catholic school? Yes No

Dates Attended: _____ Name of School: _____

Does applicant attend religious education classes in your parish/church? Yes No

Name of Church: _____ Person in charge of program: _____

Phone Number: () _____

If student is in a non-Catholic school, please attach a letter of recommendation from your parish priest/minister.

Background Information

How did you hear about Louisville? (Choose as many as applicable.)

- | | |
|--|---|
| <input type="checkbox"/> Louisville Parent or Alumnae Referral | <input type="checkbox"/> Louisville Open House |
| Name _____ Year _____ | <input type="checkbox"/> Eighth Grade Visit Day |
| <input type="checkbox"/> Alumna | <input type="checkbox"/> Academic Fair |
| Maiden Name _____ Year _____ | <input type="checkbox"/> Other |
| <input type="checkbox"/> School Information Night | |

What influenced your decision to have your daughter apply to Louisville? _____

Please note any other schools to which your daughter may be applying in addition to Louisville:

Applications are due on or before January 19, 2007. Please enclose a non-refundable \$50 application fee. Check should be made payable to LOUISVILLE HIGH SCHOOL. **Thank you for applying to Louisville.**

Student's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____