

Student's Name:

Requesting Admission to (please circle one):

KELLENBERG MEMORIAL HIGH SCHOOL

1400 Glenn Curtiss Boulevard ◆ Uniondale, New York 11553-3703 Phone: (516) 292-0200 ◆ Fax: (516) 292-0877 ◆ www.kellenberg.org

THE BROTHER JOSEPH C. FOX LATIN SCHOOL ADMISSIONS INFORMATION SHEET

(TO BE COMPLETED BY PARENT(S) - PLEASE PRINT)

Grade 6

Grade 7

Student's Birthdate:	Student's Gender:
Parents' Names:	
Primary E-Mail Address:	
Home Phone Number:	
Alternate (cell or work):	
Religion of Student:	Current Parish:
Current School:	Current Grade Level:
Do you currently have a family member enr	olled in or applying to Kellenberg Memorial High School?
yes no If yes, please explain:	
If no, how did you find out about the Latin S	School?
Please be advised: this sheet is necessary for i	nformational purposes only, but it is not an application per s

Attn: Latin School Admissions Office

Please send with all required information to:

Kellenberg Memorial High School 1400 Glenn Curtiss Boulevard Uniondale, New York 11553

<u>ALL</u> REQUESTED MATERIALS MUST BE RECEIVED BY THE ADMISSIONS OFFICE NO LATER THAN DECEMBER 5, 2013