



# KELLENBERG MEMORIAL HIGH SCHOOL

1400 Glenn Curtiss Boulevard ♦ Uniondale, New York 11553-3702  
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)

Requesting Admission to: (please circle one)

Grade 6

Grade 7

Student's Name: \_\_\_\_\_

Student's Birthdate: \_\_\_\_\_ Student's Gender: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

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 enrolled in or applying to Kellenberg Memorial High School?

\_\_\_\_ yes \_\_\_\_ no If yes, please explain: \_\_\_\_\_

If no, how did you find out about the Latin School? \_\_\_\_\_

*Please be advised: this sheet is necessary for informational purposes only, but it is not an application per se.*

Please send with all required information to:

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

Attn: *Latin School Admissions Office*

**ALL REQUESTED MATERIALS MUST BE  
RECEIVED BY THE ADMISSIONS OFFICE  
NO LATER THAN DECEMBER 3, 2019**

### APPLICATION CHECKLIST

The following documents are included with this application:

\_\_\_\_ Baptismal Certificate

\_\_\_\_ Final Report Cards \_\_\_\_ 2017-2018 \_\_\_\_ 2018-2019

\_\_\_\_ Standardized Test Scores

Indicate Name of Test(s) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Handwritten Letter

\_\_\_\_ Include this completed Admissions Information Sheet