



QUEEN of ANGELS CATHOLIC SCHOOL

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Student Application Form

To be completed by applicants for grades 6-8.

Name _____
Last First Middle Preferred Name

Address _____
Street

_____ *City State Zip Code*

I am applying for: Grade 6 Grade 7 Grade 8

Applicant Questionnaire

Thank you for applying to Queen of Angels Catholic School. In an effort to know you better, we would like to learn more about your interests. Your responses should reflect your personal thoughts and ideas. They should be completed in your own handwriting without assistance from anyone else.

Use five adjectives to describe yourself. _____

What school subject(s) do you enjoy most? Why? _____

What school subject(s) do you enjoy least? Why? _____

Name one book that you have read in the past year that you have particularly enjoyed. Why? _____

What regular household responsibilities or routine duties do you have? _____

What activities outside of school do you participate in and why do you enjoy these activities? _____

Please list any awards, special talents, or recognition you may have received. These can fall into any category: academic, artistic, athletic, musical, dramatic, church related, community service, etc.

Why do you want to attend Queen of Angels Catholic School? _____

Please complete the following sentences. Have fun; show your personality.

I am happiest when ... _____

I am most proud of ... _____

My biggest dream is ... _____

Although a photograph will have no bearing on our decision, associating a name with a face helps us to remember you as a person. You are invited to attach a recent photograph to this application. If possible, try to share one that shows your personality.

In keeping with the Student Code of Responsible Behavior at Queen of Angels Catholic School, I certify that all information contained in this student application is my own work. I have not received any assistance from others.

Applicant's signature _____ Date _____