

Cathedral High School, Inc.
I-Summer Program

Part I: Student Information

(Please print or type) _____ Date _____

First Name _____ Last Name _____ M.I. _____

Age _____ Date of Birth _____ { } Male { } Female

Place of Birth _____

Home Address _____

(Street)

(Apt. No.)

(city)

(zip code)

Telephone number _____ E-mail _____

Are you an American citizen? { } Yes { } No

Part II: Education Information

Name of grammar school _____ Current Grade _____

Name of grammar school principal _____

Extracurricular Activities

Please list any Extracurricular Activities (athletics, clubs etc.) in their order of importance to you:

On separate sheets of paper, write two essays that answer the following questions.

1. Why is an education important to you?
2. Why are you interested in the I-Summer Program? What do you hope to gain from the program?

Recommendations

Please submit to Cathedral High School (2) written recommendations. One recommendation must come from a teacher. The other may come from the pastor of your church, coach of a team, or director of a program in which you have been involved.

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Part III: Family Information

(Please print or type)

Name of mother _____
(Last) (First) (M.I.)

Address _____
(street) (apt. number)
_____ (city) (zip code)

Daytime Phone # _____ Evening phone # _____

Name of person to contact in the event of an emergency
_____ (Last) (First)

Daytime phone # _____ Evening phone # _____

Relationship to student _____

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Part IV: Medical History

Name of student _____ Date of Birth _____

Address _____
Street Name City State Zip

Parent's telephone numbers: Home _____

Work _____ Cell _____

If parent not available, whom to call _____

Phone number _____

Medical Insurance Company _____

Policy Number _____

Student's Doctor's Name _____

Phone Number _____

Name of hospital student receives services from _____

Phone number _____

Allergies _____

Diseases/Special Conditions _____

Allergic to any medication? { } yes { } no

If yes, please list the medication(s): _____

Is the student taking any medication? { } yes { } no

If yes, please list the medication: _____

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Part V : Medical Release Form

Below you will find a medical release form. This form is valid until you are no longer a member of the I-Summer Program.

I, _____, the parent or legal guardian of _____

Hereby on behalf of myself and my heirs, assignees, etc., release any and all claims against and hold harmless Cathedral High School, Inc. for any and all personal injury, property damage or any other claims of whatever nature and however incurred arising from the transportation to and from any participation by us in the activities of Cathedral High School, Inc.

I, _____, as parent or legal guardian further give my permission for the Cathedral High School, Inc. Director or any appropriately designated staff person to obtain for my child, _____, any medical or other emergency services that in his/her judgment seem appropriate.

(Date)

(Parent or Legal Guardian)