



# McGill-Toolen Catholic High School

1501 Old Shell Road • Mobile, Alabama 36604  
Phone (251) 432-0784 Fax (251) 433-8356

## APPLICATION FOR ADMISSION

### GENERAL INFORMATION

Application Date: _____ Applying for Grade: _____ Applying for school year _____ to _____			
Name of Applicant: _____			
As it appears on Birth Certificate	Last	First	Middle
Name used: _____ American Citizen: Y ___ N ___ SSN: _____			
Home Address: _____		Birth date: _____	
_____ Street _____			
_____ City, State _____		Sex: M ___ F ___	
_____ Zip _____			
Home Phone: _____ Race: Caucasian ___ Black American ___ Asian ___ Hispanic ___ Other ___			
List any sibling(s) currently enrolled at McGill-Toolen: _____			
How did you hear about McGill-Toolen? _____			
School Currently Attending: _____		City _____	State _____ Phone: _____
Religious Affiliation: _____		Name of Church or Parish: _____	

### FAMILY INFORMATION

<b>Father/Stepfather/Guardian/Host</b> (circle one) Does student live with? Y ___ N ___ Legal Custody: Y ___ N ___			
Name: _____		Name used: _____ Birth date: _____	
Address (if different from student) _____			
_____ Street _____		City, State _____	Zip _____
Employer/Company Name: _____		Work Phone: _____	Cell Phone: _____
Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Remarried ___ Emergency Contact? Y ___ N ___			
Receives a Report Card: Y ___ N ___ Preferred email address: _____			
<b>Mother/Stepmother/Guardian/Host</b> (circle one) Does student live with? Y ___ N ___ Legal Custody: Y ___ N ___			
Name: _____		Name used: _____ Birth date: _____	
Address (if different from student) _____			
_____ Street _____		City, State _____	Zip _____
Employer/Company Name: _____		Work Phone: _____	Cell Phone: _____
Religious Affiliation: _____		Name of Church or Parish: _____	
Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Remarried ___ Emergency Contact? Y ___ N ___			
Receives a Report Card: Y ___ N ___ Preferred email address: _____			

**ACADEMIC INFORMATION**

List all schools attended and indicate years of attendance

Name of school	Location	Dates	Grade Level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HEALTH INFORMATION**

Allergies: None\_\_\_ Asthma\_\_\_ Exercise-induced asthma\_\_\_ Eczema\_\_\_ Insect stings\_\_\_

Medication Induced\_\_\_ type: \_\_\_\_\_ Other\_\_\_ \_\_\_\_\_

List all medication currently prescribed:

Name time of day taken (before, during, after school) Name time of day taken (before, during, after school)

\_\_\_\_\_

\_\_\_\_\_

Does your child have any medical problems that need to be known by the school administration? Y\_\_\_ N\_\_\_

If "yes", please describe: \_\_\_\_\_

Has the applicant ever been evaluated for Learning/Attention Disabilities? Y\_\_\_ N\_\_\_

Has the applicant ever been diagnosed for Learning/Attention Disabilities? Y\_\_\_ N\_\_\_

Has the applicant been diagnosed/evaluated for psychological needs? Y\_\_\_ N\_\_\_

*If yes to any of the above, records must be included with this application.*

If yes to any of the above, what modifications have the applicant been diagnosed to receive?

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Preferred hospital: \_\_\_\_\_ Physician Name/Number: \_\_\_\_\_

Permission to get medical assistance if parent is not available: Y\_\_\_ N\_\_\_

Primary Contact in case of Emergency if parents not available: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Secondary Contact in case of Emergency if parents not available: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I have reviewed all of the above data on this form and verify the information as given.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_