



# MERCYHURST Preparatory School

A Sponsored Ministry of the Sisters of Mercy

538 East Grandview Boulevard • Erie, PA 16504-2697

Admission Office: 814-824-2323 • F: 814-824-2116 • mpslakers.com

## APPLICATION FORM

### APPLICATION DEADLINE

Early decision - November 6     Regular decision - January 8     Transfer Student

**APPLICATION FEE OF \$10.00** must accompany this application. PARENTS should complete the following information. Your son/daughter should complete only the applicant's section on the back. TRANSFER STUDENTS MUST SUBMIT HIGH SCHOOL TRANSCRIPTS, ANY RECENT STANDARDIZED TESTS, AND SCHOOL IMMUNIZATION RECORDS WITH THIS APPLICATION.

Applying for entry as (Please **CIRCLE ONE**): Freshman    Sophomore    Junior    Senior

M / F

**Applicant's** Last Name First Middle Gender

Street Address City/State Zip Code Date of Birth

Home Phone Applicant's Email Church/Parish Religious Affiliation

School Now Attending Grade School District in Which You Reside (for busing)

Ethnicity: This information is for statistical purposes ONLY. (Please **CIRCLE ONE**)

Black/African American    Asian    American Indian/Alaskan    Caucasian    Hispanic    Multiracial    Other \_\_\_\_\_

U.S. citizen     Yes     No    If no, country of origin \_\_\_\_\_

Applicant lives with (Please **CIRCLE ALL** that apply):

Mother    Father    Stepmother    Stepfather    Other \_\_\_\_\_

**FATHER'S** Last Name First Name Email

Home Phone Cell Phone Place of Employment Work Phone Occupation

**MOTHER'S** Last Name First Name Email

Home Phone Cell Phone Place of Employment Work Phone Occupation

(Please **CIRCLE ANY** that apply)    Mother deceased    Father deceased    Parents separated    Parents divorced

Number of brothers: Older \_\_\_\_\_ Younger \_\_\_\_\_    Number of sisters: Older \_\_\_\_\_ Younger \_\_\_\_\_

Mercyhurst Prep has my permission to obtain grades, standardized test scores, psychological evaluations, and/or IEPs from my child's school.

X

Parent's Signature

(Please complete back of form)

If any relatives are attending or have attended Mercyhurst Prep, list below:  
Name Relationship

Did a parent graduate from MPS?  Yes  No If yes, year graduated \_\_\_\_\_ Maiden Name \_\_\_\_\_

Is there any illness, disability, or learning challenge that may impact your child's studies or participation in extracurricular activities?  
 Yes  No If yes, please indicate (e.g. asthma, dyslexia, learning disability, aspergers/autism, etc.) and explain:

Has your child received accommodations or learning support?  Yes  No If yes, please explain: \_\_\_\_\_

Has your child previously been offered an Individualized Education Program (IEP) or a 504 plan?  Yes  No If yes, please explain:

**Transfer students:** In order to be compliant with PIAA regulations, please list any sports in which you participated:

**APPLICANT: Please complete this part of the application in your own handwriting.**

Why do you want to attend Mercyhurst Prep? \_\_\_\_\_

Are you presently in any accelerated classes? \_\_\_\_\_ If yes, list them: \_\_\_\_\_

Do you have a special interest/talent in art, music, dance, or theatre? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Do you have a special interest/talent in athletics? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

What hobbies do you have? \_\_\_\_\_

In what school, parish, or community activities do you participate? \_\_\_\_\_

I hereby apply to Mercyhurst Preparatory School and, if accepted, will uphold its philosophy and abide by its regulations.

I authorize Mercyhurst Preparatory School to release information about my progress to my parish and/or grade school.

X

Applicant's Signature  
**(Please sign in ink.)**

Date