



MERCYHURST Preparatory School

A Sponsored Ministry of the Sisters of Mercy

538 East Grandview Boulevard • Erie, PA 16504-2606

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

APPLICATION FORM

APPLICATION DEADLINE

Early decision - November 10 Regular decision - January 5 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 signature

(Please complete back of form)

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

Did your parent graduate from MPS? Yes No If yes, year graduated _____ Maiden Name _____

Is there any illness, disability or learning challenges which 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 related 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