

THE McQuaid HIGHER ACHIEVEMENT PROGRAM

STUDENT INFORMATION FORM

McQuaid Jesuit High School
1800 Clinton Avenue South
Rochester, NY 14618

Mr. Andrew Cavacos, Director
Telephone (585) 256-6116
acavacos@mcquaid.org

NAME: _____ BIRTH DATE _____
(Last) (First) (M.I.)

ADDRESS: _____ ZIP: _____

HOME PHONE: _____ e-mail(optional) _____

CELL PHONE IF AVAILABLE _____

PRESENT SCHOOL: _____

FATHER'S NAME: _____

EMPLOYER: _____ NO. OF YRS. _____

TITLE OR JOB DESCRIPTION: _____

WORK PHONE: _____ YEARLY GROSS INCOME _____

MOTHER'S NAME: _____

EMPLOYER: _____ NO. OF YRS. _____

TITLE OR JOB DESCRIPTION: _____

WORK PHONE: _____ YEARLY GROSS INCOME _____

CHECK THE ITEM THAT APPLIES:

- _____ APPLICANT LIVES WITH BOTH PARENTS
- _____ APPLICANT LIVES WITH MOTHER
- _____ APPLICANT LIVES WITH FATHER
- _____ APPLICANT LIVES WITH OTHERS (Specify) _____

LIST BELOW ALL OTHER CHILDREN IN THE FAMILY:

FIRST NAME	AGE	PRESENT SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU HAVE A DISABILITY, PHYSICAL OR OTHER, THAT MIGHT LIMIT YOUR PARTICIPATION?

CHECK ONE: **NO**
 YES, BUT SHOULD NOT LIMIT PARTICIPATION
 YES, WILL LIMIT PARTICIPATION

IF YOU CHECKED EITHER "YES", PLEASE SPECIFY:

I CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, COMPLETE and ACCURATE.

PARENT/GUARDIAN SIGNATURE

DATE

I UNDERSTAND THAT THE HAP PROGRAM BEGINS EACH WEEKDAY AT 8:45 AM and CONTINUES UNTIL 1:50 PM WITH RECREATIONAL PERIODS EACH DAY and OCCASIONAL FIELD TRIPS. I PROMISE, IF CHOSEN, TO WORK HARD TO IMPROVE MY TALENTS and TO SHARE THEM WITH OTHERS. I ALSO PROMISE TO ATTEND FAITHFULLY.

APPLICANT'S SIGNATURE

DATE

RETURN THIS APPLICATION TO:

**MR. ANDREW CAVACOS
HIGHER ACHIEVEMENT PROGRAM
McQUAID JESUIT HIGH SCHOOL
1800 SOUTH CLINTON AVENUE
ROCHESTER, NEW YORK 14618**

