



# STUDENT APPLICATION

## COYLE AND CASSIDY HIGH SCHOOL

2 Hamilton Street, Taunton, MA 02780

(508) 823-6164

www.coylecassidy.com



Please check one of the following: I am applying as a freshman  OR a transfer applicant

Sophomore/10<sup>th</sup> Grade

Junior/11<sup>th</sup> Grade

### Applicant Information

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone \_\_\_\_\_ E-mail address: \_\_\_\_\_

Male  Female  Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Ethnic Origin (optional): Asian  African American/Non-Hispanic  Caucasian  Hispanic   
Native American

School you are presently attending:

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Grade \_\_\_\_\_

Previous School Attended: (Please check here  and use the back if more space is required.)

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Grades \_\_\_\_\_

Have any learning differences been identified or special services been provided? (IEP/504 etc.) Yes  No

(If yes, please explain on the back of this form.)

### Parent/Guardian Information

Father's Name: \_\_\_\_\_ Living  Deceased   
First Last M.I.

Position: \_\_\_\_\_ Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Living  Deceased   
First Last Maiden

Position: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Work #: \_\_\_\_\_

Please list below the name and address of the parent or guardian with whom the applicant resides:

First Last Street City Zip

