



**STUDENT APPLICANT NAME:**

**JUDGE MEMORIAL  
CATHOLIC HIGH SCHOOL**  
A College Preparatory School

Last	First	Middle
<b>Grade Level Applying For (Circle One)</b>		
9	10	11
12		

Please return this completed application packet to Rita Scholl, Admissions  
Judge Memorial Catholic High School • LLC Series #107 • 650 South 1100 East, Salt Lake City, UT 84102

### The 2019-2020 Application Checklist

(Application packet must contain all the required items listed below in order to be reviewed for admission)

- Report Card:** (Incoming Freshmen Only (9th) First Semester or First Trimester report card for **2018-2019**. Report card must be complete and clearly list subject and student grade. It will be the parent/guardian responsibility to obtain the report card from their student's current school. Progress reports will not take place of parent-access report cards.
- Transcript:** (Incoming upperclassmen only (10th, 11th, 12th). Current unofficial transcript. Progress reports will not take place of the unofficial transcript nor will parent-access report cards. **It will be the parent/guardian responsibility to obtain this unofficial transcript from their student's current school.**
- Immunization Record:** Completed immunization record currently signed and dated by the doctor's office or Utah Health Department. **(We do not accept copies from Parent Health Book/Records nor school copies of immunization records)**
- Current Testing:** Current testing, within the last three years, required for students who have an SAP, IEP or 504 Plan at their current school and/or will require or request these accommodations while enrolled at Judge Memorial.
- Parent/Guardian signatures:** Page 2 (required) and Page 3 (only if applicable)
- Application Fee:** \$100.00 Grades 9 – 12 submitted with application  
Non-refundable

#### School Tours/Shadowing and Admissions

Mr. Tim Gardner, Director of Admissions  
801-517-2129, [tgardner@judgememorial.com](mailto:tgardner@judgememorial.com)

#### Application Questions and General Information

Ms. Rita Scholl, Main Office Admissions  
801-517-2157, [rscholl@judgememorial.com](mailto:rscholl@judgememorial.com)

#### Academic and Course Information

Ms. Bobbi Morgan, Counseling/Director of Student Services  
801-517-2137, [bmorgan@judgememorial.com](mailto:bmorgan@judgememorial.com)

#### Tuition and Financial Tuition Assistance Information

Ms. Debbie Knutsen, Finance  
801-517-2177, [dknutsen@judgememorial.com](mailto:dknutsen@judgememorial.com)  
Ms. Carol Smith, Finance  
801-517-2125, [csmith@judgememorial.com](mailto:csmith@judgememorial.com)

Parents/Guardians will be notified by general delivery mail of their student's enrollment status.

Final decision in all matters regarding admissions rests with the Administration of Judge Memorial Catholic High School.

#### FOR OFFICE USE ONLY

DATE	INITIAL	
_____	_____	<b>Admissions</b>
		Packet Received _____
		Missing Information _____
_____	_____	<b>Finance Office</b>
		Check #: _____ Cash: Receipt # _____
_____	_____	<b>Principal</b>
		Accepted _____
_____	_____	<b>Conditional</b> , Reason: _____
_____	_____	Denied, Reason: _____
_____	_____	<b>Admissions</b>
		Skyward _____
_____	_____	Immunization Verified _____
_____	_____	<b>Registrar</b>
		Files Setup _____
_____	_____	Transcript Ordered _____

**Please type or print all information. Complete all fields or indicate (N/A) if non-applicable.**

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

Grade Level Applying for (circle one) 9 10 11 12  Male  Female

Street \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth (Mo/Day/Yr) \_\_\_\_\_

School Now Attending \_\_\_\_\_ School District in which you reside \_\_\_\_\_

Religion of Student \_\_\_\_\_ Place of Worship (include name) \_\_\_\_\_

Student resides with:  Both Parents  Father  Mother  Other (specify) \_\_\_\_\_

Parent Marital Status:  Married  Divorced  Separated  Single

If divorced or separated, has court placed any restrictions on either parent?  No  Yes

**If yes, documentation is required and must be included as part of application packet.**

<input type="radio"/> Living <b>Primary Parent</b>		
<input type="radio"/> Deceased		
_____	_____	
Last Name	First Name	
_____		
Mailing Address (only if different than student)		
_____	_____	_____
City	State	Zip
_____	_____	_____
Home Phone	Cell Phone	
_____	_____	
Employer	Work Phone	
_____	_____	
Occupation	E-Mail Address	
_____	_____	

<input type="radio"/> Living <b>Primary Parent</b>		
<input type="radio"/> Deceased		
_____	_____	
Last Name	First Name	
_____		
Mailing Address (only if different than student)		
_____	_____	_____
City	State	Zip
_____	_____	_____
Home Phone	Cell Phone	
_____	_____	
Employer	Work Phone	
_____	_____	
Occupation	E-Mail Address	
_____	_____	

<b>Stepparent or Guardian</b>	
_____	_____
Last Name	First Name
_____	
Relationship to Student	
_____	_____
Home Phone	Cell Phone
_____	_____
Employer	Work Phone
_____	_____
Occupation	E-Mail Address
_____	_____

<b>Stepparent or Guardian</b>	
_____	_____
Last Name	First Name
_____	
Relationship to Student	
_____	_____
Home Phone	Cell Phone
_____	_____
Employer	Work Phone
_____	_____
Occupation	E-Mail Address
_____	_____

<b>Student Ethnic Information</b>	
<input type="radio"/> Asian	<input type="radio"/> Hispanic/Latino
<input type="radio"/> Black/African-American	<input type="radio"/> Pacific Islander
<input type="radio"/> Caucasian	
<input type="radio"/> Native American or Alaskan Native	
Language Spoken at Home: _____	

<b>Financial Information</b>	
Financial Responsibility parent/guardian/other name: _____	
Does student receive a Carson Smith Scholarship? <input type="radio"/> Yes <input type="radio"/> No	
_____	_____
<b>Responsible Party Signature(s)</b>	<b>Date</b>

## Student Health Information

Parents/guardians are reminded that providing complete student physical/mental health information is vital to ensuring the appropriate support systems are available for your student so he/she may thrive and succeed at Judge Memorial.

**Medical Precautions or Concerns:**     No    Yes (please explain) \_\_\_\_\_

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Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Special Educational Needs:**     No    Yes (please explain and include most current documentation) \_\_\_\_\_

IEP    504    SAP \_\_\_\_\_

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Accommodations Made: (please explain and include most current documentation) \_\_\_\_\_

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**Emotional/Mental Health Concerns:**     No    Yes (please explain and include most current documentation if applicable)

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I hereby give my permission for the Judge Memorial principal/designee to contact my child's current school for information regarding his or her disability.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please provide below any additional information or concerns you would like the Admissions Committee to be aware of and consider regarding your student.

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**STUDENT APPLICANT NAME:**

\_\_\_\_\_

Last

First

Middle

**Grade Level Applying For (Circle One)**

9   10   11   12

### Alumni/Sibling Information

**Primary Parent** graduated from Judge Memorial or St. Mary's?     No     Yes    If yes, year of graduation: \_\_\_\_\_

If female, maiden name \_\_\_\_\_

**Primary Parent** graduated from Judge Memorial?     No     Yes    If yes, year of graduation: \_\_\_\_\_

**Grandparents** graduated from Judge Memorial or St. Mary's?     No     Yes

Paternal Grandfather: If yes, year of graduation: \_\_\_\_\_

Paternal Grandfather's name: \_\_\_\_\_

Maternal Grandfather: If yes, year of graduation: \_\_\_\_\_

Maternal Grandfather's name: \_\_\_\_\_

Paternal Grandmother: If yes, year of graduation: \_\_\_\_\_

If yes, maiden name: \_\_\_\_\_

Paternal Grandmother's name: \_\_\_\_\_

Maternal Grandmother: If yes, year of graduation: \_\_\_\_\_

If yes, maiden name: \_\_\_\_\_

Maternal Grandmother's name: \_\_\_\_\_

**Please list only student's siblings.**

Brothers/sisters currently attending Judge Memorial/Grad Year

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brothers/sisters who have graduated from Judge Memorial/Year

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you first hear about Judge Memorial?**

Please select all that apply:

- Family Member
- Friend/Neighbor
- Grade School Presentation
- Parish/Church
- Advertising, print
- Advertising, radio
- Advertising, television
- Flyer in local business (please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_



## JUDGE MEMORIAL CATHOLIC HIGH SCHOOL Application Checklist and Information

All applications must include the required items listed below at the time the application is submitted.

**Your student's application will not be reviewed if incomplete.**

- **Report Card:** (Current 8th grade student only). Copy of First Semester or First Trimester report card for 2018-2019. **It will be the parent/guardian responsibility to obtain a copy of the report card from their student's current school. Progress reports, snapshots etc will not be accepted.** Report card must be complete and clearly list subject and student grade. Judge will not request the report card from the student's current school nor require the current school to forward it to us.
- **Transcript:** (Current 9th, 10th, 11th, 12th grade student). Current unofficial transcript. Progress reports will not take place of the unofficial transcript nor will parent-access report cards. Judge does not request the unofficial transcript from the student's current school. **It will be the parent/guardian responsibility to obtain this unofficial transcript from their student's current school.**
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- **Application Fee:** \$100.00 9th – 12th Grade, submit with application  
Non-refundable

**Tuition and Fees:** Tuition for Utah Catholic Schools are determined typically **the end of January** by the Bishop of the Diocese of Salt Lake City in consultation with diocesan administrators, pastors, principals, and board members and are published at that time. Families are responsible for uniform and book costs, as well as any fees required for participation in athletics and activities.



DIOCESE OF SALT LAKE CITY  
CATHOLIC SCHOOLS  
27 C STREET  
SALT LAKE CITY, UTAH 84103  
801-328-8641

*\*This serves as notification to any parent or guardian wishing to enroll a student into the Catholic Schools of the Diocese of Salt Lake City of the diocesan policy regarding immunizations:*

It is the policy of the diocese to enroll students who have been immunized into our school system. The policy will, however allow a student to be in our schools if they have an official Utah Health Department medical waiver on file with the school office. This form is usually available at doctors' offices, and may also be obtained from the Utah Department of Health.  
Personal and religious exemptions are not allowed.