



Beckman Catholic High School Application for Admission

Please return completed form to Beckman Catholic High School

Date

STUDENT'S NAME _____

Last

First

Middle Name

I PLAN TO ATTEND BECKMAN: YES _____ **NO** _____ **UNDECIDED** _____

Date of Birth _____ Gender: M F **Grade (2023-2024)** _____

Student's Email _____ Student Cell Phone _____

Street Address _____ Home Phone _____

City/State _____ Zip Code _____

Lives with: _____ Relationship (Mother/Father) _____

Current School _____ Parish _____

Public High School District _____ Resident School District (if different) _____

Mother's Name _____ **Employer** _____

Address and Phone (if different than above) _____

Preferred E-mail _____ Work # _____ Cell # _____

Father's Name _____ **Employer** _____

Address and Phone (if different than above) _____

Preferred E-mail _____ Work # _____ Cell # _____

WILL THE STUDENT BE IN BAND? YES _____ **NO** _____

Signature of Mother

Signature of Father

Beckman Catholic High School
1325 9th St SE
Dyersville, IA 52040
Phone: (563)875-7188 Fax: (563)875-7242
mkielkucki@beckman.pvt.k12.ia.us