



# 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 (2019-2020)** \_\_\_\_\_

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 9<sup>th</sup> St SE

Dyersville, IA 52040

Phone: (563)875-7188 Fax: (563)875-7242

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