



COVENANT
PREPARATORY SCHOOL

APPLICATION FOR ADMISSION

To be completed by the student.

Please print.

STUDENT

Candidate for Grade: _____

Student's Name: _____

Student's Address: _____

Date of Birth: _____ Country of Birth: _____

Home Phone: _____

Current School: _____

Guidance Counselor: _____

School Address: _____

School Phone: _____

Covenant Preparatory School does not discriminate on the basis of race, color, ethnicity, religion or national origin. We are proud of our students' differences. If you wish to identify yourself as a member of one of the following groups, please check all that apply:

African American/Black

Native American

Asian American

Caucasian/White

Latin American/Puerto Rican

Bi-Racial (please specify):

Other (please specify):

Religion:

Tel: 860-547-0289
Fax: 860-547-0361

www.covenantprep.org

135 Broad St.
Hartford, CT 06105



**To be completed by the student.
Please print.**

Please list any activities that you participate in at your current school, through your choice, and through your community. Feel free to attach a separate sheet of paper if you need more space to complete this section.

1. Arts Activities (music, dance, art):

2. Athletics:

3. Church/Religious Organizations:

4. Awards Received:

5. What is your favorite subject and why?

6. What is your least favorite subject and why?

7. Additional Clubs or Activities:



COVENANT

PREPARATORY SCHOOL

**To be completed by the Parent or Guardian.
Please print.**

PARENT OR GUARDIAN

Circle one: Mother Father *Circle one:* Mr. Mrs.
 Stepmother Stepfather Ms. Dr.
 Grandmother Grandfather

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Employer: _____

Employer's Address: _____

PARENT OR GUARDIAN

Circle one: Mother Father *Circle one:* Mr. Mrs.
 Stepmother Stepfather Ms. Dr.
 Grandmother Grandfather

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Employer: _____

Employer's Address: _____

Check any that apply:

- | | |
|--|---|
| <input type="checkbox"/> Father is deceased | <input type="checkbox"/> Mother is deceased |
| <input type="checkbox"/> Parents are separated | <input type="checkbox"/> Parents are divorced |
| <input type="checkbox"/> Never married | |



COVENANT PREPARATORY SCHOOL

To be completed by the Parent or Guardian.

Covenant Preparatory School offers a mainstream high school preparatory program with no Special Education services and minimal support staff. To the extent possible, certain classroom modifications may be arranged depending on the nature and frequency of the modifications and the student's level of cooperation. Therefore, to better serve the needs of our student population, it is necessary that we be aware of any learning exceptionality that might be a factor in the student's academic program.

Please check ONE response:

_____ My son has not had an educational evaluation.

_____ My son has undergone an educational evaluation.*

*Please complete the following information if your son has undergone an educational evaluation.

Educational Testing Performed.

Reason for testing: _____

Date of testing: _____

Evaluator: _____

Recommendations.

1. Diagnosis: LD ADD ADHD Other: _____

2. Medication: Yes No Type: _____

3. Special Education Services: Yes No
Grade started: _____ Grade ended: _____

4. Extended Special Education Services: Yes No
Grade Service Last Received: _____

5. Does your son qualify for extended time on standardized tests? Yes No

Parent/Guardian Signature: _____

Date: _____