



MATER DEI PREP

538 CHURCH STREET
NEW MONMOUTH, NEW JERSEY 07748
PHONE 732-671-9100
FAX 732-671-9214
www.materdeiprep.org

APPLICATION FOR ADMISSION

To be completed by parent or guardian. Please print.

APPLICANT INFORMATION:

Name: _____ For Grade: 9 10 11 12

Address: _____

Telephone: Home: _____ Birthdate: _____ Sex: F M

Cell: _____ Family Email #: _____

Religion: _____ Current Parish: _____

Present School: _____ Principal: _____

School Address: _____

Telephone: _____ Fax: _____

Has the applicant been the recipient of compensatory education? YES NO

If YES: Math Reading Writing

Will the student require services while attending Mater Dei? YES NO

FAMILY INFORMATION:

Father's Name: _____ Mother's Name: _____

Home Address: _____ Home Address: _____

Phone: Home _____ Cell _____ Phone: Home _____ Cell _____

Business _____ Business _____

Occupation: _____ Occupation: _____

Name of Employer: _____ Name of Employer: _____

If Guardian, state relationship to applicant: _____ If Guardian, state relationship to applicant: _____

Student lives with Both Parents Mother Father Other

Check if you will be applying for financial aid. We strongly encourage all of our applicant families to apply for financial aid.

Other Children in Family:			Members of Family Who Are Mater Dei Alumni	
Name	Age	Current School	Name	Relationship to Applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of Parent/Guardian: _____ Date: _____



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TRANSCRIPT RELEASE FORM

Parent: This form is for the purpose of providing Mater Dei Prep with academic information to be used as part of the admissions process. Please complete the form and submit it to Mater Dei Prep with the Application for Admission.

Student's Name _____
Student's Address _____
City, State, Zip _____
Date of Birth _____

SCHOOL NOW ATTENDING:

School's Name _____
School's Address _____

The student named above is applying for admission into the _____ grade at Mater Dei. Please forward all pertinent school records, including grades, attendance records, standardized test scores and child study team evaluation records to us. Thank you for our cooperation.

Office of Admissions
Mater Dei Prep

PARENT/GUARDIAN RELEASE

I hereby authorize the release of all school records, including psychological and standardized testing and child study team evaluations, of the above-named student to Mater Dei Prep.

Parent/Guardian Signature _____
Relationship _____
Date _____