

XAVIER HIGH SCHOOL

30 West 16th Street New York, NY 10011-6302
Tel: (212) 924-7900 Fax: (212) 924-0303 www.xavierhs.org

APPLICATION FOR ADMISSION



Please complete both sides.
Attach additional paper if necessary.
Return to Xavier High School by **December 1st**.
Complete only if you are currently in 8th grade.

PERSONAL

LAST NAME FIRST NAME MIDDLE NAME NICKNAME

HOME ADDRESS APARTMENT # CITY STATE ZIP CODE

TELEPHONE NUMBER EMAIL ADDRESS BIRTHDATE

LANGUAGES SPOKEN AT HOME

RELIGIOUS AFFILIATION PARISH, CONGREGATION, OR PLACE OF WORSHIP

BACKGROUND

CURRENT SCHOOL BOROUGH

PRINCIPAL CURRENT GRADE

Please describe any special or unique academic or co-curricular programs you may be in:

Has anyone in your family ever attended Xavier? YES NO

NAME RELATIONSHIP DATE OF GRADUATION

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Were you a student at the Higher Achievement Program (HAP)? YES NO

If so, who was your homeroom teacher? _____

Have you been a Knight-for-a-Day at Xavier? YES NO

Have you taken or anticipate taking a TACHS Prep Course? YES NO

INTERESTS (attach additional paper as needed)

EXTRACURRICULAR ACTIVITIES YEARS OF PARTICIPATION AWARDS, RECOGNITIONS, ACCOMPLISHMENTS

(over please)

