



Villa Angela-St. Joseph

High School

Faith. Family. Future.

Application for Admission

2018-19

This application contains three sections:

1. Student Application to be completed by the parent/legal guardian and returned to the Admissions Office.
2. Student Recommendation Form to be completed by the student's English teacher, Math teacher, or an Administrator (Guidance Counselor, Principal, or Assistant Principal) at their school. Please provide them with this form and ask them to return it to VASJ themselves. **The Recommendation Form should not be returned to the family. Recommendation forms returned by the applicant or their family will not be accepted.**
3. Transcript Request Form to be signed by a parent/legal guardian and turned in to the student's school.

Once all required information is returned to the Admissions Office, the Admissions Review Committee will evaluate your file and notify you of its decision. Please note that the committee bases its decision on the information that is available to them. An incomplete file will not be processed and can result in denial of admission to VASJ. Letters notifying students of admissions decisions will be mailed after the admissions procedure is complete and the admissions committee has made its decision.



18491 Lakeshore Blvd.
Cleveland, Ohio 44119
216-481-8414 ext. 284
admissions@vasj.com
vasj.com

Application for Admission

A parent or legal guardian must complete all information with the exception of the applicant's essay.

Please double check to ensure that all sections are complete.

Please print legibly in ink.

All questions are required. Incomplete applications will not be processed.

Applications must be complete, with all required documentation, within 4 weeks of submission.

Student Full Legal Name: _____ Current Grade: _____

Current School: _____

Applying for: 9th grade 10th grade 11th grade 12th grade

Date of Birth: _____ Gender: M F

Catholic: Y N Parish: _____

Student Home Address: _____

City/Zip: _____ Home Telephone Number: _____

Parent/Guardian Name: _____

Home Telephone Number: _____

Daytime Telephone Number: _____

Parent/Guardian Email Address: _____

ALL QUESTIONS ARE REQUIRED.
Incomplete applications will not be processed.

1. How did you first hear about VASJ?

Alumni Current Student Online Advertisement Other:

2. Do you currently participate in either of the following Department of Education Scholarship Programs?

Cleveland Scholarship and Tutoring Program

Ohio EdChoice Program

3. Does the student have an Individualized Education Plan (IEP) or Individual Service Plan (ISP)?

If yes, please provide an updated copy of the IEP and ETR with this application.

No

Yes

4. Has the student ever been expelled or asked to withdraw from any school? *If yes, please explain below.*

No

Yes:

5. Were you referred by a current VASJ family? *If yes, please name student/family.*

No

Yes:

6. Please list younger brothers and sisters:

Name	Date of Birth	Gender	Current School	Grade
		M F		
		M F		
		M F		
		M F		

7. Family members who are Villa Angela, St. Joseph, or VASJ graduates or current students:

Name	Graduation Year	Relationship to Applicant



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Student Recommendation Form

To be completed by applicant's English Teacher, Math Teacher, or Administrator (Guidance Counselor, Principal, or Assistant Principal).

**Please return this form directly to the VASJ Admissions Office.
DO NOT RETURN COMPLETED FORM TO STUDENT.**

Name of Applicant: _____

Parent/Guardian Email Address: _____

The student named above is an applicant for admission to Villa Angela-St. Joseph High School, a Catholic, comprehensive, co-educational high school. In order to consider students carefully, we ask the professional educators who have worked with them to evaluate their strengths and weaknesses, both as students and as people. This information will be held in strict confidence. We appreciate and thank you for your cooperation.

Comment on the applicant's reading rate, reading comprehension, and vocabulary usage: _____

Contents of current curriculum (teachers only): _____

Please circle the number on the scale below that you feel best characterizes this applicant.

	Outstanding	Good	Average	Poor	No Basis
<i>Academic Potential</i>	4	3	2	1	0
<i>Academic Motivation</i>	4	3	2	1	0
<i>Academic Achievement</i>	4	3	2	1	0
<i>Relationship with Adults</i>	4	3	2	1	0
<i>Study Habits</i>	4	3	2	1	0
<i>Self Confidence</i>	4	3	2	1	0
<i>Responsibility</i>	4	3	2	1	0
<i>Sense of Humor</i>	4	3	2	1	0
<i>Integrity</i>	4	3	2	1	0
<i>Concern for Others</i>	4	3	2	1	0

How do you recommend the applicant?

- Enthusiastically
- Fairly Strongly
- With reservation
explanation required
- Prefer Not to Recommend
explanation required

Has the applicant been disciplined for serious misconduct? (suspensions, excessive detentions, etc.)

- No
- Yes (*explanation required*)

Additional Comments: _____

Signature: _____ Date: _____

Please print name and title: _____

Telephone number: _____

Email address: _____

TO RETURN THIS FORM

Please scan and email to admissions@vasj.com

Contact the Admissions office with any questions at 216-481-8414 ext. 284 or admissions@vasj.com.

*Please do not return this completed form to the applicant.
Recommendation forms returned by the applicant or their family will not be accepted.*



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Transcript Request Form

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Email Address: _____

Parent/Guardian Signature: _____

Please provide VASJ with the following documents:

- Student's 6th, 7th, and 8th grade report cards
- Student's state testing scores
- Student's attendance records
- Student's conduct reports

The student's school should email these documents to admissions@vasj.com.