



IMPORTANT DATES

09/1: APPLICATION OPENS
12/15: PRIORITY APPLICATION DEADLINE
03/16: REGULAR APPLICATION DEADLINE

INFORMATION SESSIONS

9/26: 4:30PM-6:30PM
12/5: 4:30PM-6:30PM
3/13: 4:30PM-6:30PM

APPLICATION WORKSHOPS

10/10: 4:30PM-6:30PM
11/7: 4:30PM-6:30PM

OPEN HOUSES

10/28: 11:00AM – 2:00PM
1/30: 5:30PM – 7:30PM
4/17: 5:30PM – 7:30PM

HIGH SCHOOL PLACEMENT TEST

1/12: 8:00AM-12:00PM
3/16: 8:00AM-12:00PM
6/19: 8:00AM-12:00PM

ADMISSIONS INTERVIEWS

12/17-12/18: 10:00AM-6:00PM
03/25-03/29: TBD

NECESSARY DOCUMENTS TO APPLY

RECOMMENDATION LETTER FROM PRINCIPAL
RECOMMENDATION LETTER FROM MATH + ENGLISH TEACHER
7TH AND 8TH GRADE REPORT CARD
STATE/STAR/STANDARDIZED TESTS
2017 FEDERAL TAX RETURNS AND W2s

PRIVACY DISCLAIMER

Personal information collected here is for the use of Cristo Rey De La Salle only. Cristo Rey De La Salle does not share personal information with outside sources.

CONTACT INFORMATION

Admissions Director: Damien McDuffie
Admissions Coordinator: Eduardo Valencia
Phone: (510) 886-2256
Text: @b4agca to 81010 to receive updates/reminders!
Email: admissions@crstoreydelasalle.org

FILL THE APPLICATION OUT
ONLINE AT CRDLS.ORG/APPLY!

SECTION A: APPLICANT INFORMATION [PARENT FILLS OUT]

Student's First Name: _____ Student's Last Name: _____

Home Address: _____ Apartment/Suite: _____

City: _____ Zip Code: _____ Home Phone: () _____ - _____

Language Spoken at Home: _____ Birthplace: _____ Date of Birth (MM/DD/YY): _____

Applying For: 9th Grade 10th Grade

Racial Background: Latinx Black Asian/Pacific Islander American Indian Multiracial White

Other: _____ Ethnic Origin/Nationality: _____

Religious Affiliation: Catholic Christian (Non-Catholic) Muslim Buddhist Other None

Church/Mosque/Synagogue or Place of Worship Family Attends: _____

SECTION B: SCHOOL INFORMATION

Current School: _____ Years Attended at This School: _____

Type: Public Charter Catholic Private Assigned Public High School: _____

List all schools applicant has attended since 6th Grade:

SECTION C: HEALTH AND EDUCATIONAL INFORMATION

Have you ever received counseling from a mental health practitioner (i.e therapist, psychiatrist)? Yes No Unsure

Have you ever had an educational evaluation? Yes No Unsure

Have you ever been tested for, or diagnosed with ADD or ADHD? Yes No Unsure

Are you now enrolled in a English Language Learner Program (ELL)? Yes No Unsure

Have you ever been suspended or expelled from any school district? Yes No Unsure

Have you ever repeated a grade? Yes No Unsure

If you have answered YES to any of the questions above, please explain:

FINANCIAL INFORMATION

SECTION A: PARENT/GUARDIAN #1

Parent/Guardian's First Name: _____ Parent/Guardian's Last Name: _____

Relationship: Mother Father Legal Guardian Other: _____

Home Address: _____ Apartment/Suite: _____

City: _____ Zip Code: _____ Home Phone: () _____ - _____

Cell Phone: () _____ - _____ Work Phone: () _____ - _____ Email: _____

Date of Birth (MM/DD/YY): _____ Preferred Language: _____

Highest Level of Education Completed: Grade School High School/GED Trade School Associate's Degree
 Some College Bachelor's Degree Post-Graduate

List All Jobs Held by Parent(s)/Guardian(s) Since January 1, 2018, Even if No Longer at this Job:

Work Status: Employed Unemployed Retired Self-Employed Disabled

Title: _____ Employer: _____ 2017 Wages (1st Line of W2): \$ _____, _____

Title: _____ Employer: _____ 2017 Wages (1st Line of W2): \$ _____, _____

SECTION B: PARENT/GUARDIAN #2

Parent/Guardian's First Name: _____ Parent/Guardian's Last Name: _____

Relationship: Mother Father Legal Guardian Other: _____

Home Address: _____ Apartment/Suite: _____

City: _____ Zip Code: _____ Home Phone: () _____ - _____

Cell Phone: () _____ - _____ Work Phone: () _____ - _____ Email: _____

Date of Birth (MM/DD/YY): _____ Preferred Language: _____

Highest Level of Education Completed: Grade School High School/GED Trade School Associate's Degree
 Some College Bachelor's Degree Post-Graduate

List All Jobs Held by Parent(s)/Guardian(s) Since January 1, 2018, Even if No Longer at this Job:

Work Status: Employed Unemployed Retired Self-Employed Disabled

Title: _____ Employer: _____ 2017 Wages (1st Line of W2): \$ _____, _____

Title: _____ Employer: _____ 2017 Wages (1st Line of W2): \$ _____, _____

SECTION C: HOUSEHOLD AND DEPENDENTS

Marital Status of Parent(s)/Guardian(s): Married Divorced Separated Remarried Single Widow

Whom Does the Applicant Live With? Both Parents Joint Custody Mother Father Legal Guardian
 Foster Care Provider Grandparent Other: _____

List All Dependents (Line 6 on 1040A)

#1: First Name: _____ Last Name: _____ Birth Year (YYYY): _____

Does this dependent go to school? Yes No Educational Costs of the Dependent: ,

#2: First Name: _____ Last Name: _____ Birth Year (YYYY): _____

Does this dependent go to school? Yes No Educational Costs of the Dependent: ,

#3: First Name: _____ Last Name: _____ Birth Year (YYYY): _____

Does this dependent go to school? Yes No Educational Costs of the Dependent: ,

#4: First Name: _____ Last Name: _____ Birth Year (YYYY): _____

Does this dependent go to school? Yes No Educational Costs of the Dependent: ,

#5: First Name: _____ Last Name: _____ Birth Year (YYYY): _____

Total Household Size: _____

SECTION D: YEARLY COSTS, ASSETS

Monthly Welfare Income: , Monthly Food Stamps: , Monthly Social Security: ,

Monthly Child Support: , Monthly Alimony: , Miscellaneous Monthly Income: ,

IF YOU PAY RENT: Monthly Rent: , Yearly Renter's Insurance: ,

Yearly Electricity: , Yearly Gas, Oil, Coal: , Yearly Water, Sewage ,

IF YOU OWN A HOME: Year of Purchase: _____ Purchase Price: , ,

Amount Owed: , Monthly Mortgage Payment: , Property Tax: ,

IF YOU OWN/LEASE CARS: # Of Owned Vehicles: _____ Make of Vehicles: _____

Total Current Market Value: , Total Debt: , Yearly Insurance: ,

of Leased Vehicles: _____ Total Monthly Lease: ,

2017 Medical Expenses: , 2017 Dental Expenses: ,

SECTION E: DEBT AND SUPPLEMENTARY QUESTIONS

Credit Card: , Bank Loan: , Family/Friends: ,

Education: , Other: ,

Does your family own a business? Yes No

Does either parent/guardian receive unemployment? Yes No

Does either parent/guardian receive worker's compensation? Yes No

Do any other dependents (siblings) attend private school? Yes No

Is the Household expecting another child this year? Yes No

Are the parents in the process of a divorce or separation? Yes No

Has there been a recent death in the household? Yes No

How much can you contribute toward the tuition of the applicant next year?: / month

SECTION F: TERMS, CONDITIONS, AND SIGNATURES

I understand that Cristo Rey De La Salle East Bay High School is a Catholic Preparatory high school that combines personal responsibility, academic rigor, and a Corporate Work Study program to empower all students of all religions to reach their maximum potential. All students will adhere to an obligatory attendance, dress, and conduct code. Additionally, I understand that total participation of parents and guardians is necessary to complete with all requirements of the program.

Admission to Cristo Rey De La Salle East Bay is conditional to the applicant's graduation. By signing below, I certify that the information provided in this application is complete and precise. I understand that personal information collected here is for the use of Cristo Rey De La Salle only; Cristo Rey De La Salle does not share personal information with outside sources.

I understand that the applicant must be available to attend and must complete Alpha Summer Institute from July XX to July XX 2018. (Subject to change.)

Signatures:

Parent/Guardian: _____ Date: _____

Student: _____ Date: _____