



# PARENT INFORMATION SHEET

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Names and Grades of Student(s) who will be attending Donovan Catholic:

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Are you applying for any other tuition assistance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Information you feel is IMPORTANT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect to receive any other grants or scholarships? In what amounts? Please be specific:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**RETURN THIS FORM ALONG WITH THE SCHOLARSHIP APPLICATION TO:**

Submit these documents to the Donovan Catholic Admissions Office in Room 404

