



# Mercy High School San Francisco

## Class of 2015

Please complete the next 3 pages.  
This application is due on (or postmarked by)  
Monday, December 6.

Visit the website [www.mercyhs.org](http://www.mercyhs.org) for a  
supplemental application for

- Women in Medicine Program
- Women in the Arts Program

Students who are interested in either program must submit a supplemental application  
with this admissions application in order to be considered.  
Admissions criteria for these extraordinary programs are on the website.

### PARENTS

Private School Aid Service (PSAS) forms are available at Open House.

If you will apply for scholarship awards, please note that a family interview is required.

The scheduling of interviews will take place at **Open House, Sunday October 24.**

Please mail this completed application and \$80 application fee to by December 6:  
Application fee after December 6 is \$100.

Admissions Office  
Mercy High School  
3250 Nineteenth Ave.  
San Francisco, CA 94132



**Parent Questionnaire**

**Applicant Lives with:**      **Mother**                      **Father**                      **Grandmother**                      **Grandfather**  
 (Check all that apply)      **Stepmother**                      **Stepfather**                      **Guardian(s)**                      **Other**

**Household 1** - The home address for Household 1 should be the same as the applicant's home address above.

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Father/male guardian**

**Mother/female guardian**

Please complete if same address as Household 1 above. If not, please proceed to Household 2 below.

**Relationship to applicant** \_\_\_\_\_

**Relationship to applicant** \_\_\_\_\_

**Salutation:**    \_\_\_ Mr.    \_ Dr.

**Salutation:**       Ms.       Mrs.       Dr.

**First Name** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Work Phone** (\_\_\_\_) \_\_\_\_\_

**Work Phone** (\_\_\_\_) \_\_\_\_\_

**Cell Phone** (\_\_\_\_) \_\_\_\_\_

**Cell Phone** (\_\_\_\_) \_\_\_\_\_

**Household 2 (if applicable)** - Do not duplicate household 1 in this section. This part may be blank for some applicants

**Father/male guardian**

**Mother/female guardian**

**Relationship to applicant** \_\_\_\_\_

**Relationship to applicant** \_\_\_\_\_

**Salutation:**       Mr.       Dr.

**Salutation:**       Ms.       Mrs.       Dr.

**First Name** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Work Phone** (\_\_\_\_) \_\_\_\_\_

**Work Phone** (\_\_\_\_) \_\_\_\_\_

**Cell Phone** (\_\_\_\_) \_\_\_\_\_

**Cell Phone** (\_\_\_\_) \_\_\_\_\_

**Alumnae Information**

Are there any current students or alumnae of Mercy High School in your family? If so, please provide the names. Include the year of graduation, if known.

First name	Last name	Relation to applicant	Year of graduation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Younger Sisters** - Please list the names, grades and schools of all younger sisters to the applicant

First name	Last name	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

