



Please list any relatives who have attended or are attending Queen of Peace High School. **(Optional)**

**Name**

**Year of Graduation**

**Relationship**

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Do you have an association with a member of the Queen of Peace community? Examples: current teacher, student, parishioner, coach, etc. **(Optional) This information is not necessary for admission.**

Name of Person \_\_\_\_\_

Person's Relationship to QP \_\_\_\_\_

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In the space below, you may take the opportunity to inform us of activities you enjoy, situations in which you have shown leadership, or any other information you would like us to know about you. (Please limit your information to the space provided.)

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I am currently involved in:

Clubs: \_\_\_\_\_

Organizations: \_\_\_\_\_

Sports: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:

Admissions Director, Queen of Peace High School, 191 Rutherford Place, North Arlington, NJ 07031