

Notre Dame

H I G H S C H O O L

Grades 7 - 12

ADMISSION APPLICATION PACKET 2017-2018

1400 Maple Avenue
Elmira, New York 14904
Phone: 607-734-2267
Fax: 607-737-8903

www.notredamehighschool.com

NOTRE DAME HIGH SCHOOL APPLICATION PACKET

NOTRE DAME CRITERIA FOR ADMISSION

Your application folder for admittance to Notre Dame High School must include the following information:

- Completed application
- \$100 application fee (checks payable to Notre Dame High School)
- Two letters of recommendation from non-relatives
- Copy of a recent report card or transcript
- Completed Appointment for Scheduling/Records Request form
- Confidential Medical Information form
- Student Athletic Interest Form
- Submit copy of IEP or 504 Plan

Applications will be reviewed by the Admissions Department before letters of acceptances are sent out. **It is important that you please in all required forms at the same time.** This will ensure an easy review process.

HOW TO APPLY

1. Complete the application and return it with the other required forms to the Director of Admissions at Notre Dame High School.
 2. Fill out the top portion of the recommendation form and give it to the **two** individuals who are completing the form for you. Give them a date to return the form to you. These letters should be returned to Notre Dame with the completed application packet. NOTE: if the recommendation is returned to you in a sealed envelope, please do not open it. **Relatives may not be used for recommendations.**
 3. To apply for financial aid, you need to go to <https://online.factsmgt.com/aid> to begin the process of applying for tuition assistance.
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STUDENT REGISTRATION FORM

STUDENT INFORMATION

Date: _____ Entering Grade: _____ School Year: _____ / _____ Gender: Male Female

Student Name: _____ Date of Birth: _____
Last First Middle

What name does your child prefer to be called? _____

Residential Address: _____
Street City Zip Code

Mailing Address: _____
If different from residential address

Email Address: _____ Home Phone: _____

Student lives with: _____
Name(s) Relationship to Student

School District of Residence: _____ Current School: _____

Current School Counselor: _____

Religious Affiliation: _____ Parish or Church: _____

For the purpose of state and NCEA reporting, please circle the ethnicity that best reflects your child's heritage.

African American Asian Hispanic Caucasian Other _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Financially Responsible for Student: _____
Name

In cases of shared financial responsibility, please state responsible parties and percentage of payment assumed by each party. If responsibility is court ordered, please provide supporting documentation with this application:

Parent 1/Guardian

Name: _____ Title: _____
Last First Middle Mr./Mrs./Ms./Dr.

Relationship to Student (Please circle one):

Natural Parent Step Parent Foster Parent Adoptive Parent Guardian

Receives Mailing? Yes / No (Circle One)

Address: _____
Street City Zip Code

Employer: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

PARENT/GUARDIAN INFORMATION

Parent 2/Secondary Contact

Name: _____ Title: _____
Last First Middle Mr./Mrs./Ms./Dr.

Relationship to Student (Please circle one):

Natural Parent Step Parent Foster Parent Adoptive Parent Guardian

Receives Mailing? Yes / No (Circle One)

Address: _____
Street City Zip Code

Employer: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

PARENTS:

Single Married Divorced Widowed Separated

Are there any custody arrangements of which the school needs to be aware?

If so, please explain and provide documentation:

No Yes

Notre Dame High School Alumni Information

Please list family alumni members and their relationship to your child(ren).

Name of Alumni: _____ Relationship: _____ Class of: _____

PREVIOUS SCHOOL RECORD

School: _____ Grade(s): _____ Years/Date Attended: _____

School: _____ Grade(s): _____ Years/Date Attended: _____

School: _____ Grade(s): _____ Years/Date Attended: _____

Does this student have, or ever had, a 504 Plan or IEP*?:

***If yes, please include a copy of the 504 or IEP with the application.**

SIBLING INFORMATION

Please list all siblings:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

INFORMATION FOR PARENT/GUARDIAN MAILING LABELS

PARENTS:

- Mr./Mrs. Dr./Mrs. Dr./Mr. Mr. Mrs. No Title Other _____

Name: _____ Title: _____
 Last First Middle

Address: _____
 Number Street City State Zip Code

If double mailing is required, please give second address:

Address: _____
 Number Street City State Zip Code

SIGNATURES

Parent 1/Guardian: _____ Date: _____

Parent 2/Guardian: _____ Date: _____

Student: _____ Date: _____



RECOMMENDATION FORM

Each applicant needs **two completed recommendation forms**. These forms cannot be completed by a family member. You can reach out to a teacher, coach, employer, clergy, etc.

Name of Applicant: _____

Address: _____

City, State, Zip Code: _____

To Whom It May Concern:

The above named student is seeking admission to Notre Dame High School, Grades 7-12. In order to assist our Admissions Staff, we would appreciate your comments in evaluating this candidate. Please fill out the form below and feel free to add additional comments. Please return the form to the student. You may put it in a sealed envelope if you wish.

I have known this student for _____ years.

Relationship to candidate: _____

Please mark the appropriate box:

| | Excellent | Above Average | Average | Below Average | Poor |
|--------------------------|-----------|---------------|---------|---------------|------|
| Effort | | | | | |
| Willingness to learn | | | | | |
| Work habits | | | | | |
| Participation Level | | | | | |
| Attitude Toward School | | | | | |
| Relationship with Peers | | | | | |
| Relationship with Adults | | | | | |
| Behavior/Moral Character | | | | | |

Please describe your overall assessment of this candidate. Additional comments may be made on the back.

Name: _____ Position: _____ Date: _____

Signature: _____

RECOMMENDATION FORM

Each applicant needs **two completed recommendation forms**. These forms cannot be completed by a family member. You can reach out to a teacher, coach, employer, clergy, etc.

Name of Applicant: _____

Address: _____

City, State, Zip Code: _____

To Whom It May Concern:

The above named student is seeking admission to Notre Dame High School, Grades 7-12. In order to assist our Admissions Staff, we would appreciate your comments in evaluating this candidate. Please fill out the form below and feel free to add additional comments. Please return the form to the student. You may put it in a sealed envelope if you wish.

I have known this student for _____ years.

Relationship to candidate: _____

Please mark the appropriate box:

| | Excellent | Above Average | Average | Below Average | Poor |
|---------------------------------|------------------|----------------------|----------------|----------------------|-------------|
| Effort | | | | | |
| Willingness to learn | | | | | |
| Work habits | | | | | |
| Participation Level | | | | | |
| Attitude Toward School | | | | | |
| Relationship with Peers | | | | | |
| Relationship with Adults | | | | | |
| Behavior/Moral Character | | | | | |

Please describe your overall assessment of this candidate. Additional comments may be made on the back.

Name: _____ Position: _____ Date: _____

Signature: _____

APPOINTMENT REQUEST FOR SCHEDULING

Scheduling conferences for incoming students and their parents will be held at Notre Dame during April and May. The students and parents will meet with one of the Guidance Counselors to discuss academic placement and to establish a 4-year plan for the student. This is a very important conference, which helps us to get to know the students and the family, and it sets the course for a successful high school career. We encourage parents to schedule a time during the school day in order to see what life at Notre Dame is all about.

Student Name: _____
 Present School: _____
 Parent(s)/Guardian(s) Name: _____
 Day Time Phone: _____ Evening Phone: _____

Please check the days and times most convenient for you.

Please note that this does not apply to 7th and 8th grade students. If your child is a 7th or 8th grade student, please check the N/A box below.

- | | | | |
|------------------------------------|--------------------------------|--------------------------------|------------------------------|
| | A.M. | PM. | |
| <input type="checkbox"/> Monday | <input type="checkbox"/> 8:00 | <input type="checkbox"/> 12:00 | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> 9:00 | <input type="checkbox"/> 1:00 | |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> 10:00 | <input type="checkbox"/> 2:00 | |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> 11:00 | | |

REQUEST FOR RELEASE OF RECORDS

Student Name: _____ Gender: Male Female
Last First Middle
 Date of Birth: _____

Address: _____
Number Street City State Zip Code

Present School: _____ Entering ND Grade: _____

Address: _____
Number Street City State Zip Code

I hereby authorize you to forward, to Notre Dame High School, academic records, standardized test results, medical records, and any additional school information that is helpful in determining appropriate placement.

Parent/Guardian Signature: _____ Date: _____

CONFIDENTIAL MEDICAL INFORMATION

Please return this medical form with your application form.

Student Name: _____ Gender: Male Female
Last First Middle Date of Birth: _____

Present School: _____ City/State: _____

Student's Home Address: _____
Number Street City State Zip Code

Cell Phone: _____ Home Phone: _____

Grade Entering Notre Dame 2017-2018: _____

Parent 1: _____
Name Place of Employment Business Phone

Parent 2: _____
Name Place of Employment Business Phone

Health condition or conditions which may require special care during school hours and/or activities:

Allergies: _____

Medication Taken at Home: _____

Has your child during the past year had an illness, injuries, operations, or special medical care? Please explain:

Has the student had any immunizations or communicable diseases during the past year only?
(Physician verification needed)

Does the student suffer from emotional/mental disorders? Please explain:

Has the student had counseling for emotional/mental disorders? _____

Physical disabilities requiring special attention:

Immunizations Due: New York State: within 14 days of the start of school
Outside of NY: within 30 days of the start of school

SIGNATURES

Parent 1/Guardian: _____ Date: _____

Parent 2/Guardian: _____ Date: _____

STUDENT ATHLETIC INTEREST FORM

➤ Please complete form in its **entirety**. Upon student acceptance into NDHS, this form will be separated from the application and forwarded to the NDHS athletic director. To be considered for athletics, this form must be complete & accurate.

STUDENT INFORMATION

Date: _____ Entering Grade: _____ School Year: ____ / ____ Gender: Male Female

Student Name: _____ Date of Birth: _____
Last First Middle

What name does your child prefer to be called? _____

Parent/Guardian: _____ Cell #: _____

Residential Address: _____
Street City Zip Code

Mailing Address: _____
If different from residential address

Email Address: _____ Health Issues Y/N: _____

If yes please explain: _____

Student lives with: _____
Name(s) Relationship to Student

School District of Residence: _____ Current School: _____

| <u>SPORT</u> | <u>YEARS PLAYED & DISTRICT</u> | <u>MODIFIED</u> | <u>JV</u> | <u>VARSIITY</u> |
|--------------|------------------------------------|-----------------|-----------|-----------------|
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Student Signature: _____ Parent Signature: _____