

# Notre Dame

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H I G H S C H O O L

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Grades 7 - 12

## ADMISSION APPLICATION PACKET 2018-2019

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

[www.notredamehighschool.com](http://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 remit 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 Public Relations & Marketing 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/> 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: \_\_\_\_\_ T-Shirt Size: \_\_CL\_\_AS \_\_AM\_\_AL\_\_AXL

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: \_\_\_\_\_ Are you a graduate of NDHS? \_\_Yes\_\_No If so, what year? \_\_\_\_\_

**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: \_\_\_\_\_ Are you a graduate of NDHS? \_\_\_Yes\_\_\_No If so, what year? \_\_\_\_\_

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 any 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

How did you hear about Notre Dame High School?  Family/Friends  TV Ad  Internet  Facebook  
 Newspaper Ad  Radio  Other \_\_\_\_\_

## SIGNATURES

Parent 1/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

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# 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

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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 2018-2019: \_\_\_\_\_

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: \_\_\_\_\_

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# 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 &amp; DISTRICT</u>	<u>MODIFIED</u>	<u>JV</u>	<u>VARSIITY</u>

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

