November 2019 ARCHDIOCESE OF NEW ORLEANS CATHOLIC HIGH SCHOOLS APPLICATION FORM FOR 8th GRADE

- Complete the information requested. Indicate on the last line of this form the high school to which you would like to apply (*Selected High School*). Students currently attending a Catholic elementary school must return this form to present school by Friday, November 15, 2019. Students currently attending a non-Catholic elementary school must send this form with elementary school records (transcripts [5-7], standardized test results, and first quarter report card for current grade) to the selected high school by Tuesday, November 19, 2019.
- 2. Once applications have been submitted to the high schools, some high schools may have additional requirements and information need from those applying. Please check with school of choice regarding any further information needed.
- **3.** Students must attend Application Day on **Saturday**, **January 11**, **2020**, at the high school listed on the bottom of this form (*Selected High School*). On that day, the high school will collect from students a non-refundable, non-transferable, one-time **\$30.00** application fee payable to that high school. Application Day at each school will begin at or before 8:30am. Look for information from the high school selected regarding site based specific information.
- **4.** All folders of non-accepted students will be forwarded to the Office of Catholic Schools, 7887 Walmsley Avenue, New Orleans, Louisiana.
- **5.** Your signature on the reverse authorizes and permits other Catholic high schools (that may have openings) to review your child's student records in the event that the *Selected High School* does not accept your child's application.

Applicant:							
(First)	(Last)						
Female	Male	Date of Birth:					
Home Phone:							
Work Phone: Mothe	one: Mother: Fathe		Guardian:				
Cell Phone: Mother	:Fa	ither:	Guardian:				
Parent Email Addre	ss:						
Parents/Guardian:_	(Mr. & Mrs. / Mr./Ms.) (First)		(Middle)	(Last)			
			(Middle)	(Last)			
Address:	(Street)						
	(Street)		(City)	(Zip			
Mailing Address (if	different):						
Civil Parish:	Religion:						
School Currently A	ttending:						
Church Parish:							
Selected High Scho	ol (complete list on reverse):						
Revised 11/2020							

Please Print

PLEASE COMPLETE REVERSE SIDE OF APPLICATION FORM

Applicant:			School Currently Attending:						
	(First)	(Middle)	(L	_ast)		,			
Female:		Male:		Current Grade:					
		Single Gender Schools for Girls		Single Gender Schools for Boys		Co- Ed Schools			
		Academy of Our Lady Marrero Academy of the Sacred Heart New Orleans Archbishop Chapelle Metairie Cabrini New Orleans Mount Carmel Academy New Orleans St. Katharine Drexel Prep New Orleans St. Mary's Academy New Orleans St. Mary's Dominican New Orleans St. Scholastica Academy Covington		Archbishop Rummel Metairie Archbishop Shaw Marrero Brother Martin New Orleans Holy Cross New Orleans Jesuit New Orleans St. Augustine New Orleans St. Paul Covington		Archbishop Hannan Covington De La Salle New Orleans Pope John Paul II Slidell St. Charles Catholic LaPlace			
		Ursuline Academy New Orleans							

Your signature below authorizes the following steps to occur. By signing, you also agree to defend, indemnify and hold harmless the selected high school, the elementary school, and/or the Archdiocese of New Orleans from any and all causes of action that may arise from any authorized action.

- 1. Elementary schools will forward this application and student elementary school records and data directly to the selected high school, as indicated on the front of this form.
- 2. Representatives of the selected high school may meet with and verbally discuss student with principal and/or administrators of the current elementary school.
- 3. All folders of all non-accepted students will be forwarded to the Office of Catholic Schools.
- 4. Unless you check on the line in the box below, these folders will be available for review by all Catholic high schools within the Archdiocese of New Orleans that may have openings.

____ I <u>DO NOT</u> GIVE PERMISSION FOR OTHER SCHOOLS TO VIEW MY CHILD'S RECORDS

Signature of Parent(s) / Guardian_____

Print Name _____ Date _____