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

- 1. 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.

## **Please Print**

Applicant:(First)	(Middle)		(Last)			
Female	Male Date of Birth:					
Home Phone:						
Work Phone: Mother:	Father:	Guardian:				
Cell Phone: Mother:	Father:	Guardian:				
Parent Email Address:						
Parents/Guardian:(Mr. & Mrs. / I	Mr./Ms.) (First)	(Middle)	(Last)			
Address:(Street)		(City)	(Zip)			
Mailing Address (if different):						
Civil Parish:	Religion:					
School Currently Attending:						
Church Parish:						
Selected High School (complete lis	t on reverse):					

## PLEASE COMPLETE REVERSE SIDE OF APPLICATION FORM

Applicant:			Currently Attending:			
(First)	(Middle)	(Last)	,			
Female:	Male:	Current Grade:				
	Single Gender	Single Gender	Co- Ed	1		
	Schools for Girls	Schools for Boys	Schools	<u> </u>		
	Academy of Our Lady Marrero	Archbishop Rummel Metairie	Archbishop Hannan Covington			
	Academy of the Sacred Heart New Orleans	Archbishop Shaw Marrero	De La Salle New Orleans			
	Archbishop Chapelle	Brother Martin	Pope John Paul II			
	Metairie Cabrini	New Orleans Holy Cross	Slidell St. Charles Catholic	-		
	New Orleans  Mount Carmel Academy	New Orleans Jesuit	LaPlace	-		
	New Orleans	New Orleans				
	St. Katharine Drexel Prep New Orleans	St. Augustine New Orleans				
	St. Mary's Academy	St. Paul				
	New Orleans St. Mary's Dominican	Covington		1		
	New Orleans St. Scholastica Academy			-		
	Covington					
	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	me Date					