

**November 2017**  
**ARCHDIOCESE OF NEW ORLEANS**  
**CATHOLIC HIGH SCHOOLS**  
**APPLICATION FORM FOR 8<sup>th</sup> 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 **Wednesday, November 15, 2017**. 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 **Friday, November 17, 2017**.
2. Students must attend Application Day on **Saturday, January 6, 2018** 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.
3. All folders of non-accepted students will be forwarded to the Office of Catholic Schools, 7887 Walmsley Avenue, New Orleans, Louisiana.
4. 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. / 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 list on reverse*): \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE OF APPLICATION FORM**

Applicant: \_\_\_\_\_ School Currently Attending: \_\_\_\_\_  
 (First) (Middle) (Last)

Female: \_\_\_\_\_ Male: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Single Gender Schools for Girls	Single Gender Schools for Boys	Co- Ed Schools
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 Metairie	Brother Martin New Orleans	Holy Rosary New Orleans
Cabrini New Orleans	Holy Cross New Orleans	Pope John Paul II Slidell
Mount Carmel Academy New Orleans	Jesuit New Orleans	St. Charles Catholic LaPlace
St. Katharine Drexel Prep New Orleans	St. Augustine New Orleans	
St. Mary's Academy New Orleans	St. Paul Covington	
St. Mary's Dominican 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 **DO NOT** GIVE PERMISSION FOR OTHER SCHOOLS TO VIEW MY CHILD'S RECORDS

Signature of Parent(s) / Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_