

December 2020
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, December 11, 2020**. Students currently attending a **non-Catholic** elementary school must send this form with elementary school records (see list of items in "Application Process for Parents") to the selected high school by **Tuesday, December 15, 2020**.
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 9, 2021**, 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 Department of Catholic Education and Faith Formation, 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. / 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	Pope John Paul II Slidell
Cabrini New Orleans	Holy Cross New Orleans	St. Charles Catholic LaPlace
Mount Carmel Academy New Orleans	Jesuit New Orleans	
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 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 Department of Catholic Education and Faith Formation.
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 _____