

Application for Admission

This form must be filled out by a parent/guardian. Print information clearly and return to Notre Dame with a \$50.00 application fee.

Student's Name _____

Last First Middle

Student's Nickname Male Female Date of Birth: _____

Month / Day / Year

Place of Birth _____

City State Country

Parent's Marital Status Married Divorced Separated Single Guardian

Parent/s Deceased Mother Deceased Father Deceased

Student is living with: Mother/Father Mother Father Guardian

Parent Mailing Address/Title Mr. & Mrs. Mr. Mrs. Ms.

Parent First Name Parent Last Name

Street Address _____

City State Zip Code

Home Telephone _____

School Presently Attending _____

Catholic Non-Catholic Name of School City State

Name of Parish/Church Affiliation City

Applying for Grade (please check one) 9 10 11 12 Current Grade: _____

Check only if applicant has a sibling who is a Freshman, Sophomore or Junior at Notre Dame Catholic High School.

How do you describe yourself? (This request is made for reporting purposes only.)

Caucasian African-American Asian Multi Racial Hispanic
 American Indian or Alaskan Hawaiian/Pacific Islander Other

(over)

Father's/Guardian's Name _____

First

Last

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____

E-mail _____ ND Alumni—Year of Graduation _____

Father's/Guardian's Occupation _____

Place of Employment _____ Business Phone _____

Address _____

Street

City

State

Zip Code

Mother's/Guardian's Name _____

First

Last

Maiden Name

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____

E-mail _____ ND Alumni—Year of Graduation _____

Mother's/Guardian's Occupation _____

Place of Employment _____ Business Phone _____

Address _____

Street

City

State

Zip Code

In case of emergency, please contact _____

Address _____ Name _____ Relationship _____

Street

City

State

Zip Code

Phone _____ Cell Phone _____ Business Phone _____

If the applicant presently has a sibling(s) at ND, please give name(s). _____

If applicant has siblings who have graduated from ND, please give name(s) and year(s) of graduation. _____

Name(s) _____ Year(s) of Graduation _____

Is English the primary language spoken in your home? Yes No

Have you ever been asked to attend a PPT (Planning & Placement Team meeting)? Yes No
(NB: Falsification of this information is grounds for dismissal)

Has this applicant previously applied for admission to Notre Dame High School? Yes No

Notre Dame High School

FAIRFIELD

Academic Record Release

This section must be completed to allow the school your child is presently attending to release appropriate records and grades to Notre Dame as part of the admission process. Notre Dame will forward this release along with a recommendation form to your child's school.

I give my permission to _____
Name of School Presently Attending

to provide the appropriate records of _____
Student's Name

to Notre Dame.

Parent/ Guardian Signature Date

Return this form directly to Notre Dame High School.

Notre Dame High School
Admissions Office
220 Jefferson Street
Fairfield, CT 06825