

Notre Dame High School

STUDENT APPLICATION

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NHS

APPLICATION CHECKLIST

- *Student Information Form*
- *Student Essay*
- *Parent Information Form*
- *School Evaluations*
- *Transcript*
- *Application Fee*

ADMISSIONS DIRECTOR

Alyssa Barnes
abarnes@notredamesalinas.org

APPLICATION DEADLINES

Early Acceptance December 4, 2017
Regular Acceptance February 2, 2018



Student Information Form

Transfer applications for the 2018-2019 school year must be completed and turned in by February 2, 2018.
Students wishing to transfer mid-year must also turn in a current course schedule along with their official school transcript.

Applicant's Name

Last *First* *Middle* *Social Security #*

Home Address

Number *Street* *City* *State* *Zip*

Mailing Address (if different from above)

Home Phone _____ **Student E-mail** _____

Birth Date _____ **Age** _____ **Birthplace** _____

Circle the grade you are planning to enter Notre Dame 9 10 11 12

Current School

_____ **Name**

_____ **Address** _____ **City** _____ **State** _____ **Zip**

Current School Phone # _____ **Current Grade** _____ **Principal** _____

Student's Religion _____ **Parish/Congregation Membership** _____

Church of Baptism _____ **Rec'd Sacrament of Confirmation** Yes No

Ethnic Origin African American Caucasian Chinese Filipino Hispanic/Latino Japanese
(Circle all that apply) Native American /Alaskan Native Haw./Pac. Island Other: _____

Student Interests - mark appropriate boxes and list specific involvement

Community Service Girl Scouts Performing Arts Sports 4H

Other _____



Please list any relatives currently attending or who have attended Notre Dame

Name _____ Relationship _____ Class of _____

Name _____ Relationship _____ Class of _____

Applicant's Siblings

Name _____ Birth date _____ Age _____ School _____

Name _____ Birth date _____ Age _____ School _____

Name _____ Birth date _____ Age _____ School _____

Special Learning Needs

Check if your daughter requires special learning accommodations. Please submit appropriate documentation.

Current active 504 Plan

Evaluation prepared within the last three years by a qualified professional

Application Fee

- Freshman applications postmarked on or before December 4, 2017 should include a \$100.00 non-refundable fee.
- Freshman applications postmarked after December 4, 2017 should include a \$125.00 non-refundable fee.
- Transfer applications should include a \$125 non-refundable fee.

*Cash, check or money orders accepted. Please make checks payable to Notre Dame High School.

Application elements and the application fee can be mailed or delivered to the following:

**Notre Dame High School
Attn: Admissions Office
455 Palma Drive
Salinas, CA 93901**



Parent Information Form

Parent/Guardian or Other Important Adult

_____ *Last* *First* *Middle* *Prefix (i.e. Mr. Mrs. Etc.)*

Alumna of Notre Dame Yes No If yes, what year? _____ Maiden Name _____

Attended a Catholic high school Yes No If yes, what school? _____

Relationship to student: _____ **Student resides with this person** Yes No

Preferred Phone # _____ Cell Home Work

Alternative Phone # _____ Cell Home Work

Email: _____ **Employer:** _____

Official Mailing Address:

_____ *Number* *Street* *City* *State* *Zip*

Parent/Guardian or Other Important Adult

_____ *Last* *First* *Middle* *Prefix (i.e. Mr. Mrs. Etc.)*

Alumna of Notre Dame Yes No If yes, what year? _____ Maiden Name _____

Attended a Catholic high school Yes No If yes, what school? _____

Relationship to student: _____ **Student resides with this person** Yes No

Preferred Phone # _____ Cell Home Work

Alternative Phone # _____ Cell Home Work

Email: _____ **Employer:** _____

Official Mailing Address:

_____ *Number* *Street* *City* *State* *Zip*



Mathematics Evaluation

Applicant's Name _____ Teacher Name _____
Teacher Phone # _____ Teacher Email _____
School Student Currently Attends _____ School Phone # _____
School Address _____

The student named above has applied for admission to Notre Dame High School, a four year Catholic, college preparatory school for young women. We would appreciate your thoughtful evaluation of this student, and thank you in advance for the completion of this form. Please note your responses will be held in strict confidence.

How long have you known this student? _____ Course Name _____

By the end of the year, this student will have completed a full year of _____

Textbook being used? _____ Author _____

Please evaluate the student in reference to the following

	Outstanding	Above Average	Average	Below Average	Weak Aptitude
Basic Concepts of Mathematics					
Grasp of New Concepts					
Problem Solving					
Student Knowledge of the Fundamentals of Algebra					
Work & Study Habits					

Based on this student's current mathematics course and her ability, at what level would you **suggest** this student be placed next year? *(Please circle)*

Algebra I Honors Algebra I Geometry Honors Geometry Other: _____

Do you foresee any area in which the student might experience difficulties in Math?



Please check topics covered by your course this year:

- | | |
|--|--|
| <input type="checkbox"/> Adding, subtracting, multiplying & dividing polynomials | <input type="checkbox"/> Solving quadratic equations |
| <input type="checkbox"/> Laws of exponents | <input type="checkbox"/> Solving absolute value equations |
| <input type="checkbox"/> Solving linear equations (1 variable) | <input type="checkbox"/> Solving absolute value inequalities |
| <input type="checkbox"/> Solving linear inequalities (1 variable) | <input type="checkbox"/> Solving systems of linear equations |
| <input type="checkbox"/> Factoring polynomials | <input type="checkbox"/> Graphing linear equations |
| <input type="checkbox"/> Simplifying rational expressions | <input type="checkbox"/> Graphing linear inequalities |
| <input type="checkbox"/> Solving radical equations | <input type="checkbox"/> Graphing compound inequalities |

About the Applicant:

	Exceptional	Good	Fair	Below Expectations
Academic Achievement				
Ability to Work in Group				
Ability to Work Alone				
Participation in Discussion				
Classroom Conduct				
Written Expression				
Ability to Express Ideas Orally				
Desire to Seek Help				
Effort and Drive				
Attention Span				
Curiosity				
Imagination & Creativity				
Integrity				

Please check this box if you would like us to call you to discuss this student in more detail.

Teacher signature _____ Date _____

Please send this completed form to Notre Dame High School as soon as possible.



English Evaluation

Applicant's Name _____ Teacher Name _____

Teacher Phone # _____ Teacher Email _____

School Student Currently Attends _____ School Phone # _____

School Address _____

The student named above has applied for admission to Notre Dame High School, a four year Catholic, college preparatory school for young women. We would appreciate your thoughtful evaluation of this student, and thank you in advance for the completion of this form. Please note your responses will be held in strict confidence.

How long have you known this student? _____ Course Name _____

By the end of the year, this student will have completed a full year of _____

Textbook being used? _____ Author _____

Please evaluate the student in reference to the following

	Outstanding	Above Average	Average	Below Average	Weak Aptitude
Concepts of Mechanics					
Sentence Structure					
Use of Detail					
Reading Comprehension					

Please comment on this student's writing ability, especially as it relates to critical thinking, basic mechanics, grammar, structure and use of details.

Do you foresee any area in which the student might experience difficulties in English?



About the Applicant:

	Exceptional	Good	Fair	Below Expectations
Academic Achievement				
Ability to Work in Group				
Ability to Work Alone				
Participation in Discussion				
Classroom Conduct				
Written Expression				
Ability to Express Ideas Orally				
Critical Thinking				
Desire to Seek Help				
Effort and Drive				
Attention Span				
Curiosity				
Imagination & Creativity				
Integrity				

Do you have any additional comments or concerns?

Please check this box if you would like us to call you to discuss this student in more detail.

Teacher signature _____ Date _____

Please send this completed form to Notre Dame High School as soon as possible.



Principal Evaluation

Applicant's Name _____ **Principal Name** _____

Principal Phone # _____ **Principal Email** _____

School Student Currently Attends _____ **School Phone #** _____

School Address _____

The student named above has applied for admission to Notre Dame High School, a four year Catholic, college preparatory school for young women. We would appreciate your thoughtful evaluation of this student, and thank you in advance for the completion of this form. Please note your responses will be held in strict confidence.

How long have you known this student? _____

To what degree would you rate this applicant in the following areas?

	Eagerly	Strongly	Fairly Strong	Without Enthusiasm	Not Suited
Academic Potential					
Character					
Overall Recommendation					

We welcome your recommendation regarding this applicant. Please consider the student's contribution to your school. Does she positively contribute to the learning environment? Please describe in detail.

Please describe the student's willingness to follow school rules, contribute positively to the school community and her peer relationships. Has she ever been a disciplinary problem?



Please describe ways in which the applicant's parents or legal guardians support their daughter and your school policies?

Family Information:

	Always	Usually	Sometimes	Rarely
Communicates with School				
Attends School Functions				
Cooperates with Staff				
Participates in Community				
Active in Daughters Education				
Fulfills Financial Responsibilities				

We welcome any additional comments or concerns below.

Please check this box if you would like us to call you to discuss this student in more detail.

Principal signature _____ Date _____

Please send this completed form to Notre Dame High School as soon as possible.



Transcript Request Form

To the Applicant:

Please fill in the section below including Parent Authorization for Release of Records. Then, give it to your school registrar to complete and return to Notre Dame High School as soon as possible.

Applicant's Name _____
Last *First* *Middle*

Parent/Legal Guardian Name _____

Current School _____ **School Phone #** _____

Address of School _____

Parent Authorization for Release of Records: The undersigned hereby consents to the release to the appropriate personnel of Notre Dame High School all education records, including evaluations and such other information as may be requested about the above-named student. This information will remain confidential.

Signature of Parent or Legal Guardian

Date

To the Registrar:

Please complete this form and attach a school transcript after the first semester/trimester of 8th grade. Please include all available test scores and grades.

Registrar's Name _____
Last *First*

Contact Number _____ **Ext.** _____

Email _____

Has this student had any special testing? Yes No

Please send this completed form to Notre Dame High School as soon as possible.