

NOTRE DAME HIGH SCHOOL



ADMISSION CRITERIA & APPLICATION MATERIALS

73 UNION STREET
BATAVIA, NEW YORK 14020
(585) 343-2783

WWW.NDHSBATAVIA.COM

CRITERIA FOR ADMISSION

Your application folder for admittance to Notre Dame High School must include the following information:

1. A completed application
2. Two letters of recommendation from non-relatives
3. A copy of your transcripts from the school you are presently attending
4. A completed "Request for Transportation" form
5. A completed "Textbook Request" form
6. Release of School Records form

A committee consisting of two administrators, two teachers and the guidance counselor will review each admission application and corresponding materials, including entrance exam results, to determine the potential of the student as it relates to success at Notre Dame.

APPLICATION PROCESS

1. **ENTRANCE EXAM** – Pre-registration is required and may be done so by calling Notre Dame High School at (585) 343-2783 ext. 137.
2. **APPLICATION FORM** – Complete the enclosed application in full and return it with all other required forms to Notre Dame High School, 73 Union St., Batavia, NY 14020.
3. **TWO (2) LETTER OF RECOMMENDATION FORMS** – Complete the top portion of each enclosed form and give it to *two non-relatives* for their recommendation. There is a deadline for submission; provide the individuals with a date to return the completed forms to you. Include the letters of recommendation with your application. NOTE: If a recommendation is returned to you in a sealed envelope, do not open it.
4. **REQUEST FOR RELEASE OF SCHOOL RECORDS FORM** – Complete the enclosed form and return it with your application. The request will be forwarded to your current school and the records will be sent directly to Notre Dame High School.
5. **REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOL FORM** – Complete the enclosed form and return it with your application. This form must be completed regardless of transportation need. Students from Albion and Byron-Bergen schools must obtain transportation forms from their home school district.
6. **TEXTBOOK REQUEST FORM** – Complete the enclosed form and return it with your application. This form allows Notre Dame to loan books from your public school district.
7. **FINANCIAL AID APPLICATION** – Apply for tuition assistance online at www.factstuitionaid.com. After completing the online application, you will need to mail your supporting documentation which is needed to verify your application. An online checklist will be provided at the conclusion of your application.

***ALL REQUIRED FORMS MUST BE SUBMITTED
AT THE SAME TIME***

APPLICATION

Student

Last Name:		First Name:		MI:
Social Security No.:		DOB:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home Address:				
City/State/Zip:				
Home Phone No.:		Cell Phone No:		
Ethnic Group: <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Asian/Pacific Island <input type="checkbox"/> Native American <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other				

Current School Attending:	
School District in which you reside:	Grade entering: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

Religion:	Church:
Church Address:	

Father			Mother		
First:	MI:	Last:	First:	MI:	Last:
Address:			Mother's Maiden:		
City/State/Zip:			Address:		
City/State/Zip:			City/State/Zip:		
Phone (h):		Cell:	Phone (h):		Cell:
E-mail:			E-mail:		
Religion:			Religion:		
Student Lives with: <input type="checkbox"/> Both Natural Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Natural Mother and Stepfather <input type="checkbox"/> Natural Father & Stepmother <input type="checkbox"/> Other:					

School reports should be sent to:	
--	--

Father's Business	Mother's Business
Employer:	Employer:
Title:	Title:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone (B):	Phone (B):
E-mail:	E-mail:

If applicant lives with relative or guardian other than parent:	
Name:	Relation to student:
Address:	
City, State Zip:	Phone:

Other Children			
Name	Birthdate	Name of School	Year in school (i.e., jr)

Relatives (who are attending, have attended or graduated Notre Dame High School including parents)			
Name	Maiden Name	Relationship to STUDENT	Year

Signature of Parent or Guardian

Date



Notre Dame High School
NON-RELATIVE RECOMMENDATION FORM
 (i.e. teacher, coach, employer, neighbor, clergy)

Name of applicant: _____

Address: _____

To Whom It May Concern: The student named above is seeking admission to Notre Dame High School. We would appreciate your comments to assist our Admissions Committee in evaluating this candidate. Please complete the attached form and return to the candidate by the specified deadline. Recommendations may be submitted in a sealed envelope, should you choose to do so.

Relationship to applicant (non-relative): _____

I have known this person for _____ years.

Please evaluate this person by marking the appropriate box:

	Excellent	Above Average	Average	Below Average	Poor
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/moral character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please clarify the above characteristics by describing your overall assessment of the candidate. Additional comments may be made on the back.

 PRINT: Name

 Signature _____ Position _____ Date _____



Notre Dame High School
NON-RELATIVE RECOMMENDATION FORM
 (i.e. teacher, coach, employer, neighbor, clergy)

Name of applicant: _____

Address: _____

To Whom It May Concern: The student named above is seeking admission to Notre Dame High School. We would appreciate your comments to assist our Admissions Committee in evaluating this candidate. Please complete the attached form and return to the candidate by the specified deadline. Recommendations may be submitted in a sealed envelope, should you choose to do so.

Relationship to applicant (non-relative): _____

I have known this person for _____ years.

Please evaluate this person by marking the appropriate box:

	Excellent	Above Average	Average	Below Average	Poor
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/moral character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please clarify the above characteristics by describing your overall assessment of the candidate. Additional comments may be made on the back.

 PRINT: Name

 Signature _____ Position _____ Date _____

REQUEST FOR RELEASE OF SCHOOL RECORDS

Students' name: _____

Date of birth: _____

Please forward the following materials for the above-named student:

- ◆ Transcript of academic records
- ◆ Tests scores
- ◆ Attendance records
- ◆ School profile and/or interpretation of your grading system
- ◆ Health and immunization records
- ◆ Copy of IEP or 504/Declassification letter

Please include any other information that is pertinent to the student's academic success. Forward all information to:

Notre Dame High School
Guidance Office
73 Union St
Batavia, NY 14020

Please call (585) 343-2783 ext.137 with any questions.

PRINT: Name of Parent or Guardian

Signature of Parent or Guardian

Date

REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOL

(Must be completed even if the student will not require bus transportation)

Student's name: _____
(Last) (First)

Address: _____

Parent/Guardian name: _____
(Last) (First)

Public school district in which I reside: _____

Fill in **one** of the following:

1.) I live within the city/village of _____

OR

2.) I live on _____ Road, which is between
_____ Road and _____ Road.

Date: _____

I hereby appoint the principal of Notre Dame High School, Batavia, NY, to act as my authorized representative in requesting transportation to school under the provisions of the Speno Law for:

Student's name

Parent/Guardian's signature

TB 1
NEW YORK STATE TEXTBOOK LOAN LAW

TEXTBOOK REQUEST FORM

Student's name: _____

Address: _____

Public School District in which you reside: _____

LOAN OF TEXTBOOKS

I hereby request the Loan of Textbooks in the name of _____.
(Student's name)

I authorize the _____ Public School District to act on
(School district in which you reside)

behalf of this student in identifying and ordering books loaned to the student identified above, and residing in the district above. Each book received by the student must be maintained in good condition. If a book is damaged or lost, the student will be responsible for replacing the book as new.

PRINT: Name of Parent or Guardian

Signature of Parent or Guardian

Date: _____

This form is to be kept on file in the individual non-public school for the duration of the student's enrollment.