

Catholic High

New Iberia

● Admissions Packet

Checklist

- Copy of birth certificate
 - Copy of Social Security card
 - Immunization record — universal certificate
 - Copy of most recent report card
 - Copy of school transcript
 - Most recent standardized test scores
 - Declaration of the student's special needs as identified by a professional:
 - G/T
 - ADD
 - ADHD
 - Speech/Hearing
 - Physical/Mental
 - Completed application documents including signed church verification
- All information listed on the "Application Checklist" must be submitted with completed application before application is processed and an admission rank number is assigned.



Catholic High School

Application for Admission



Applying for school year: _____ - _____
 Applying for grade: _____

FOR OF
 Tier I: _____
 Tier II: _____

Applicant Information

Full name of applicant: _____

Birthdate: _____ (Last) _____ (First) _____ (Middle) _____ (Nickname)
 SSN: _____

Home Telephone: _____ Cell number _____

E-mail Address: _____ Present School: _____

Home Address: _____
 (Mailing Address) (City, State, Zip Code)

Check one: Male Female

Ethnicity: ___ African-American ___ Asian ___ Bi-Racial ___ Caucasian
 ___ Hispanic ___ Native American ___ Other

Religious Affiliation: _____ Home Church: _____

Family Information

Father:

Name: _____

Home Address: _____

E-Mail Address: _____

Home Telephone: _____

Cell Telephone: _____

Mother:

Name: _____

Home Address: _____

E-Mail Address: _____

Home Telephone: _____

Cell Telephone: _____

Check if appropriate:

- Parents separated* Father Deceased
- Parents divorced* Mother Remarried
- Mother deceased Father Remarried

Applicant lives with:

- Mother & Father Legal Guardian
- Mother Stepmother
- Father Stepfather

***If parents are divorced or separated, to whom should admissions and/or billing correspondence be sent?

- Father Mother Both Other (specify) _____

Family Information (continued):

Father:

Employer: _____

Position/Title: _____

Business Address: _____

Business Phone: _____

High School Attended: _____

Graduation Year: _____

College Attended: _____

Graduation Year: _____

Degree: _____

Additional Degrees/Certifications: _____

Step-Father:

Employer: _____

Position/Title: _____

Business Address: _____

Business Phone: _____

High School Attended: _____

Grandparents:

Maternal Grandfather

Name: _____

Address: _____

Phone number: _____

Maternal Grandmother

Name: _____

Address: _____

Phone number: _____

Mother:

Employer: _____

Position/Title: _____

Business Address: _____

Business Phone: _____

High School Attended: _____

Graduation Year: _____

College Attended: _____

Graduation Year: _____

Degree: _____

Additional Degrees/Certifications: _____

Step-Mother:

Employer: _____

Position/Title: _____

Business Address: _____

Business Phone: _____

High School Attended: _____

Grandparents:

Paternal Grandfather

Name: _____

Address: _____

Phone number: _____

Paternal Grandmother

Name: _____

Address: _____

Phone number: _____

Sibling Information:

Name: _____ School: _____ Grade/Grad. Yr.: _____

Name: _____ School: _____ Grade/Grad. Yr.: _____

Name: _____ School: _____ Grade/Grad. Yr.: _____

Name: _____ School: _____ Grade/Grad. Yr.: _____

Emergency Contacts:

CONTACT #1:

Last Name: _____

First Name: _____

Nickname: _____

Relation to student: _____

Address: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Email _____

CONTACT #2:

Last Name: _____

First Name: _____

Nickname: _____

Relation to student: _____

Address: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Email _____

CONTACT #3:

Last Name: _____

First Name: _____

Nickname: _____

Relation to student: _____

Address: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Email _____

CONTACT #4:

Last Name: _____

First Name: _____

Nickname: _____

Relation to student: _____

Address: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Email _____

Alumni Verification:

1. Yes No

Sibling is currently enrolled and/or graduated from Catholic High School. If yes, sibling(s) name and grade level(s) are as follows: _____

2. Yes No

Parent, step parent, guardian, and/or grandparent is a graduate of St. Peter's College, Mt. Carmel Academy, Catholic High School, St. Edward's(8th grade school). If yes, please list name(s) of graduate(s), school(s), year(s) of graduation, and relationship to applicant:

3. Yes No

Parent, step parent, guardian, and/or grandparent graduated from any other Catholic School. Provide name(s) of graduate(s), school and location, year(s) of graduation, and relationship to applicant:

I understand that completion of this application and submission of all requested information is required before the applicant can be assigned an admission rank number. I also understand that all information must be updated yearly and submitted to the Catholic High School admissions office.

I attest that all of the information contained in this application is true and correct to the best of my knowledge. I hereby authorize representatives of Catholic High School to verify the information contained in this application.

Parent/Guardian Signature: _____ *Date:* _____

FOR OFFICE USE ONLY:

TIER I: _____ **TIER II:** _____ **INTERVIEW:** _____ **ADMINISTRATOR:**

RECEIVED BY: _____ **DATE:** _____