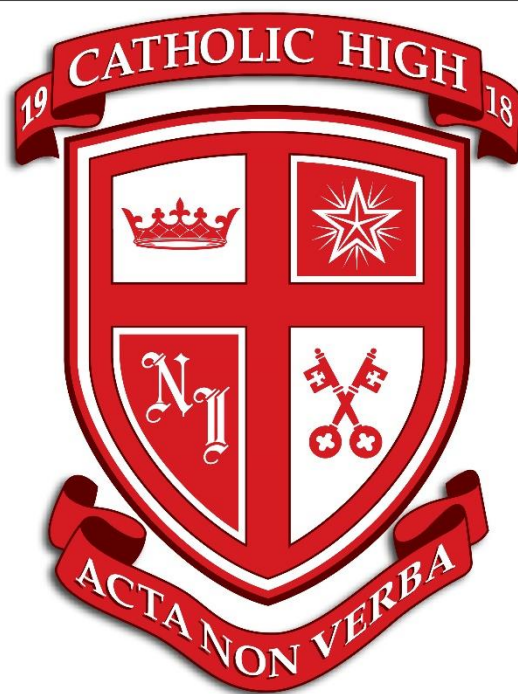


2016-2017

Application for Admission



Catholic High, New Iberia . . . dedicated to the development of 4th – 12th grade students through academic excellence and Christ-centered values rooted in caring discipline, compassion, and zeal.

ADMISSIONS POLICY

"Catholic schools in the Diocese of Lafayette exist to provide solid education in secular subjects but mainly to instill gospel values in our young people."

Catholic High, New Iberia makes no discrimination on the basis of race, religion or gender in the administration of education policies, application of admission and extracurricular and athletic programs.

As a diocesan Catholic school, we have an open admissions policy, yet applicants must be deemed academically qualified and have a positive behavior record to be offered admission. Catholic High institutes a college preparatory curriculum and has graduation requirements which exceed the minimum requirements of the State of Louisiana. The academic and behavioral records, including test scores and transcripts, are carefully reviewed to determine placement and potential for success. Applicants in grades 4-12 may be required to participate in an interview. Interviews allow CHS administration the opportunity to learn more about the students' desire to attend Catholic High School and to address any concerns regarding academic and/or behavioral records. It is also the policy of Catholic High School to not admit students who are seeking admission as a result of documented expulsion from another school within one year of the time of application. All admissions are provisional until year-end data and evidence of promotion have been submitted.

NEW STUDENTS ARE ADMITTED UNDER A TWO-TIER SYSTEM:

TIER I APPLICANTS:

- all feeder school students applying for entry into grade 4
- students who apply for admission to Catholic High in any grade from any other Catholic school
- siblings of current CHS students attending non-Catholic schools

Tier I priority is as follows:

Priority I: Feeder school

Priority II: Other Catholic schools at other grade levels

Priority III: Incoming 4th graders from non-feeder schools; Siblings of current CHS students attending non-Catholic schools.

Completed application and proper documentation as specified on check-list are required. An interview may be required to complete the registration process with an additional interview for students with special needs.

TIER II APPLICANTS:

All other students applying for admission in grades 4-12 currently attending non-feeder and/or non-Catholic Schools. A completed application, proper documentation as specified on check-list, and an admissions interview will be required for Tier II applicants in grades 4-12 with an additional interview required for students with special needs.

Home schooled students are welcome to apply for admission to Catholic High. Verification of a state approved home school program must be submitted along with grades and credits earned. High school home school program transcript must indicate the number of Carnegie units awarded and course titles as assigned in the state transcript system. Students must attend a meeting with CHS administration and guidance department to review and approve the home school program of study. The application process may require additional testing for placement purposes.



APPLICANT INFORMATION

2016-2017

Please note that the application cannot be processed until all of the following information is completed.

Full Name of Applicant: _____
(Last) (First) (Middle) (Suffix)

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

Student E-mail Address: _____ Student Cell Phone: _____

Present School: _____ Public School District of Residence: _____

Grade Entering (2016-2017): _____ Circle One: Male Female

Has the student ever repeated a grade for any reason? Yes No

If yes, please indicate the reason for retention: _____

Social Security Number: _____ Birthdate: _____

Religious Affiliation: _____ Home Church: _____

Registered Member/Parishioner: Yes No

For Students Diagnosed With Special Needs:

Catholic High School is able to offer minor classroom accommodations for students with identified needs. All requests for accommodations must be submitted during the registration process, verified by supporting documentation from a diagnostic professional or physician, and dated within the last five years. An appointment with the guidance department is required to evaluate the student's needs, and all documentation must be furnished before an offer of admission can be made to the student.

Name of Diagnostic Professional or Physician: _____ Date of Diagnosis: _____

Is the student currently receiving any "Special Education" services? Yes No

Is the student currently receiving any classroom accommodations for any other identified needs? Yes No

If you answered yes to either one of the above questions, please describe below:

STUDENT'S RACIAL/ETHNIC BACKGROUND

- African-American Asian Native American Pacific Islander
 Caucasion Hispanic/Latino Bi-racial Other

FAMILY INFORMATION

Does applicant currently have siblings enrolled at Catholic High? Yes No

Does applicant have siblings who graduated from Catholic High within the past five years? Yes No

APPLICANT LIVES WITH (PLEASE CHECK):

- Mother & Father Mother Father Legal Guardian Stepfather Stepmother

PLEASE CHECK ALL APPLICABLE:

- Parents separated Father deceased Father remarried
 Parents divorced Mother deceased Mother remarried

IF PARENTS ARE SEPARATED OR DIVORCED, TO WHOM SHOULD ADMISSIONS AND/OR BILLING CORRESPONDENCE BE SENT? (CHECK ONE)

- Father Mother Both Other (specify) _____

IF PARENTS ARE SEPARATED OR DIVORCED, WHO SHOULD HAVE ACCESS TO STUDENT INFORMATION? (CHECK ONE)

- Father Mother Both Other (specify) _____

Please note: All custodial, provisional, and domiciliary documentation must be provided upon acceptance.

COMPLETE THE FOLLOWING INFORMATION. PLEASE PRINT CLEARLY.

| | Father's Information | Mother's Information |
|---------------------------------------|-----------------------------|-----------------------------|
| Last Name: | | |
| First Name: | | |
| Street Address: | | |
| City, State, Zip: | | |
| E-mail Address: | | |
| Home Telephone: | | |
| Cellular Telephone: | | |
| Employer: | | |
| Position/Title: | | |
| Business Address: | | |
| Business Telephone: | | |
| High School Attended: | | |
| Graduation Year: | | |
| College Attended: | | |
| Graduation Year: | | |
| Degree: | | |
| Additional Degrees or Certifications: | | |

COMPLETE THE FOLLOWING INFORMATION, IF APPLICABLE.

| | Stepfather's Information | Stepmother's Information |
|---------------------------------------|---------------------------------|---------------------------------|
| Full Name: | | |
| E-mail Address: | | |
| Cellular Telephone: | | |
| Employer: | | |
| Position/Title: | | |
| Business Address: | | |
| Business Telephone: | | |
| High School Attended: | | |
| Graduation Year: | | |
| College Attended: | | |
| Graduation Year: | | |
| Degree: | | |
| Additional Degrees or Certifications: | | |

SIBLING INFORMATION:

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

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

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

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

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

GRANDPARENT INFORMATION (PLEASE NOTE IF DECEASED):

| | Maternal Grandfather | Maternal Grandmother |
|---------------------------|-----------------------------|-----------------------------|
| Full Name: | | |
| E-mail Address: | | |
| Home Telephone: | | |
| Cellular Telephone: | | |
| Business Telephone: | | |
| Nickname called by child: | | |

| | Paternal Grandfather | Paternal Grandmother |
|---------------------------|-----------------------------|-----------------------------|
| Full Name: | | |
| E-mail Address: | | |
| Home Telephone: | | |
| Cellular Telephone: | | |
| Business Telephone: | | |
| Nickname called by child: | | |

| | Other: _____ | Other: _____ |
|---------------------------|---------------------|---------------------|
| Full Name: | | |
| E-mail Address: | | |
| Home Telephone: | | |
| Cellular Telephone: | | |
| Business Telephone: | | |
| Nickname called by child: | | |

EMERGENCY CONTACTS:

Please include all contact information.

| | Contact #1 | Contact #2 | Contact #3 | Contact #4 |
|--------------------------|-------------------|-------------------|-------------------|-------------------|
| Last Name: | | | | |
| First Name: | | | | |
| Relationship to Student: | | | | |
| Street Address: | | | | |
| City, State, Zip: | | | | |
| E-mail Address: | | | | |
| Home Telephone: | | | | |
| Cellular Telephone: | | | | |
| Business Telephone: | | | | |

PLEASE READ AND SIGN BEFORE SUBMITTING:

I understand that completion of this application and submission of all requested information is required before the application will be processed and an admissions offer can be made. I also understand that all information must be updated yearly and submitted to Catholic High School during the re-enrollment period.

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, New Iberia to verify the information contained in this application.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY:

Tier I: _____ Interview Date: _____

Administrator: _____

Tier II: _____ Interview Date: _____

Administrator: _____



STUDENT RECORDS REQUEST

Catholic High Guidance Department
2016-2017

To: _____

Previous School

Previous School Street Address

Previous School City, State and Zip

RE: _____

Student Legal Name

Birthdate: _____

Last Grade/School Yr: _____

The above listed students has enrolled or is seeking to enroll in Catholic High School.

I, _____, parent of _____ authorize the following information to be released to Catholic High School. At your earliest convenience, please mail or fax the records listed below to:

**Catholic High School
Attn: Guidance Secretary
1301 de La Salle Drive
New Iberia, LA 70560**

FAX: 337-376-6930

- ✓ **Grades From Previous Years**
- ✓ **Medical/Immunization Records**
- ✓ **Psychological Evaluations**
- ✓ **Birth Certificate**
- ✓ **Present Grades/Withdrawal Grades/Recent Transcript**
- ✓ **Test Data**
- ✓ **Special Class Placement Information**
- ✓ **Pupil Progression Folders**
- ✓ **Social Security Number**
- ✓ **Attendance Records**
- ✓ **Discipline Records**



NEW APPLICANT CHECKLIST

2016-2017

ALL NEW APPLICANTS EXCEPT CURRENT SES 3RD GRADERS MUST PROVIDE THE FOLLOWING:

- Copy of birth certificate
- Copy of Social Security Card
- Universal Certificate of Immunization – required
- Copy of most recent report card
- Copy of school transcript (cumulative academic record)
- Most recent standardized test scores
- Attendance records for the current school year
- Discipline records for the current school year
- Signed records request form (attached)
- Completed application documents

IF APPLICABLE, ALL APPLICANTS MUST ALSO PROVIDE:

- Custodial, provisional, and domiciliary documents.
- Declaration of student's special needs as identified by a professional **within the last 5 years**. A *diagnostic physician or professional must sign information. Documentation concerning current classroom accommodations must be provided.*

Please note: The Admissions Department or Guidance Office may request additional documentation as deemed necessary.

Signature of Parent or Guardian: _____

Date submitted to CHS: _____

CONTACTS:

Sharon Leblanc
Director of Admissions
admissions@chspanthers.com

Patrice Williams
Guidance Secretary
pwilliams@chspanthers.com

Christine Vann
Accounts Receivable (Tuition)
cvann@chspanthers.com

RETURN TO:

Mail

Catholic High School
Attention: Admissions
1301 deLaSalle Drive
New Iberia, LA 70560

Email

admissions@chspanthers.com

Fax

337-376-6931