

Notre Dame High School

FRESHMAN APPLICATION

Find your future with the class of



APPLICATION CHECKLIST

- *Student Information Form*
- *Student Essay*
- *Parent Information Form*
- *Evaluation*
- *Reccomendation*
- *Transcript*
- *Application Fee*

ADMISSIONS DIRECTOR

Alyssa Barnes
abarnes@notredamesalinas.org

APPLICATION DEADLINES

December 4, 2020



Student Information Form

Completed applications must be turned in by December 4, 2020.

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 Black White Asian Hispanic/Latino Native American
(Circle all that apply) Native Haw./Pac. Island Unknown Two or more: _____

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, 2020 should include a \$100.00 non-refundable fee.
- Freshman applications postmarked after December 4, 2020 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					

Do you foresee any area in which the student might experience difficulties in Math? Do you believe this student excels in math? Explain.



Please check topics your students will have mastered in your course this year:

- | | |
|--|---|
| <input type="checkbox"/> Solve one variable linear equations | <input type="checkbox"/> Graph absolute value functions |
| <input type="checkbox"/> Solve absolute value equations | <input type="checkbox"/> Evaluate expressions using properties of exponents |
| <input type="checkbox"/> Solve one variable linear inequalities | <input type="checkbox"/> Graph exponential functions |
| <input type="checkbox"/> Graph linear inequalities | <input type="checkbox"/> Multiply polynomials |
| <input type="checkbox"/> Identify functions | <input type="checkbox"/> Factor quadratics |
| <input type="checkbox"/> Find the slope of a line from two points | <input type="checkbox"/> Graph quadratic functions |
| <input type="checkbox"/> Solve quadratic equations | |
| <input type="checkbox"/> Graph linear equations in point-slope form and slope intercept form | |
| <input type="checkbox"/> Solve systems of linear equations by graphing, substitution and elimination | |

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 _____



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 attach the Student Skills Analysis for grades 7 and 8 from the STP Program.