

APPLICATION FOR ADMISSION
ARCHBISHOP SHAW HIGH SCHOOL

1000 BARATARIA BLVD. MARRERO, LA 70072
VOICE: (504) 340-6727 FAX: (504) 347-9883
WWW.ARCHBISHOPSHAW.ORG

APPLYING AS A: (PLEASE CIRCLE ONE) TRANSFER STUDENT OR NEW STUDENT

GRADE ENTERING 8 9 10 11 12

STUDENT INFORMATION

Name _____
Last First Middle Nickname

Address _____ City _____ State _____ Zip _____

Home (____) _____ Cell _____ Email _____

Date of Birth _____ Social Security _____ Religion _____

Church Parish _____ If not Catholic, place of worship _____

Present School Attending _____ Present Grade _____

Present School Address _____ School Phone Number _____

Previous School Attended _____ Years attended _____

Previous School Address _____ Phone Number _____

FAMILY INFORMATION

Check if applicable: Mother Deceased Father Deceased

Applicant lives with: Mother & Father Mother Mother & Stepfather Father Father & Stepmother
 Guardian Relative Other _____

Father _____
Last Name First Name Middle

Home Address _____ City _____ State _____ Zip _____

Employer _____ Occupation _____

Work Number _____ Cell Phone Number _____

Mother _____
Last Name First Name Middle

Home Address _____ City _____ State _____ Zip _____

Employer _____ Occupation _____

Work Number _____ Cell Phone Number _____

MEDICAL HISTORY

Has your son used the services of a psychiatrist, psychologist, or other mental health personnel or clinic? _____ If yes please provide a copy of all evaluations.

Has your son ever had the following? Please circle each item that applies.

- | | | | |
|------------|-----------------|----------------|-----------------|
| Allergies | Mental Disorder | Ear Disease | Skin Disease |
| Anemia | Pneumonia | Epilepsy | Thyroid trouble |
| Arthritis | Poliomyelitis | Hay Fever | Tuberculosis |
| Asthma | Rheumatic Fever | Heart Disease | Ulcer |
| Diabetes | Rupture/Hernia | Liver Disease | Vertigo |
| Meningitis | Diphtheria | Kidney Disease | Other _____ |

If yes, give details _____

LEGACY INFORMATION

List relatives who have graduated or are attending Archbishop Shaw High School

Name	Relationship	Graduation Year	Phone
_____	_____	_____	_____
_____	_____	_____	_____

SIBLINGS

Name	Age	Current School
_____	_____	_____
_____	_____	_____

ACTIVITIES/INTEREST/AWARDS

List any activities in which you currently participate:

List any awards or any special accomplishment:

UPON COMPLETION OF THE ADMISSION APPLICATION THE FOLLOWING ITEMS MUST BE SUBMITTED TOGETHER:

- ___ \$20 non-refundable application fee
- Checks maybe made out to: Archbishop Shaw High School
- ___ Admissions Application
- ___ Copy of Birth Certificate
- ___ Current Report Card
- ___ Transcripts from the previous three years

(TRANSCRIPT SHOULD INCLUDE FINAL **REPORT CARD GRADES AND STANDARDIZED TEST**)

I HAVE READ AND COMPLETED THE INFORMATION REQUIRED ON THIS FORM AND AGREE THAT IT IS TRUE AND CORRECT THE BEST OF MY KNOWLEDGE. THE INFORMATION PROVIDED WILL BE USED IN EVALUATING MY SON'S ACCEPTANCE/NON-ACCEPTANCE INTO ARCHBISHOP SHAW HIGH SCHOOL.

PARENTS SIGNATURE

DATE