



Notre Dame Academy Transfer Application

For the admission of students currently in grades 9, 10, 11 or 12



TO BE COMPLETED BY THE PARENTS

INFORMATION REGARDING THE STUDENT

Name _____ Current Grade _____
LAST FIRST MIDDLE

Address _____
NUMBER AND STREET CITY ZIP COUNTY

Telephone _____ Birthdate _____
AREA CODE PHONE NO. MONTH DAY YEAR

High School _____ Social Security # _____

Public School District _____ Religion/Church _____
(WHERE YOU LIVE)

WHEN WOULD YOU LIKE TO ATTEND NOTRE DAME ACADEMY? As soon as possible At quarter break Next school year

INFORMATION REGARDING PARENTS/LEGAL GUARDIANS WITH WHOM THE STUDENT CURRENTLY LIVES

Mr. / Dr. _____
(Circle One) LAST NAME FIRST MIDDLE

Relation: Father Step-father Legal Guardian Natural Father Deceased (see below)

Religion _____ Church _____

Work _____
COMPANY EMPLOYED BY BUSINESS ADDRESS

_____ (_____) _____ MAY WE CALL YOU AT WORK?
TYPE OF WORK/TITLE BUSINESS PHONE YES NO

Mrs./Ms./Dr. _____
(Circle One) LAST NAME FIRST MIDDLE MAIDEN NAME

Relation: Mother Step-mother Legal Guardian Natural Mother Deceased (see below)

Alumna of Notre Dame Academy? No Yes Year of Graduation _____

Religion _____ Church _____

Work _____
COMPANY EMPLOYED BY BUSINESS ADDRESS

_____ (_____) _____ MAY WE CALL YOU AT WORK?
TYPE OF WORK/TITLE BUSINESS PHONE YES NO

INFORMATION REGARDING NATURAL PARENT(S) THAT THE STUDENT DOES NOT LIVE WITH

Name _____ If deceased, when? _____

Address _____
NUMBER AND STREET CITY ZIP COUNTY

Religion _____ Church _____

Work _____
COMPANY EMPLOYED BY BUSINESS ADDRESS

Do you have shared custody? No Yes

PLEASE FILL OUT BACK OF APPLICATION ⇒

