



## ADMISSIONS APPLICATION GRADES 7 & 8 FOR 2019-2020 SCHOOL YEAR

### Applicant Information

Name \_\_\_\_\_ Family Email \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number and Street City State Zip

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
Month Day Year City State

School Now Attending \_\_\_\_\_ Public School District \_\_\_\_\_

Religion \_\_\_\_\_ Church \_\_\_\_\_

Applying for Grade (check one): 7  8

### Parent Information

Parents are: Married  Separated  Divorced  Never Married

Mother Deceased  Father Deceased

Who is financially responsible for the applicant? \_\_\_\_\_

Father/Guardian Same Address as: (check one) Student  Non-Custodial  Joint Custody

Name \_\_\_\_\_  
Last First Middle

Relation: Father  Step-Father  Legal Guardian  Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Mother/Guardian** Same Address as: Student  Non-Custodial  Joint Custody

Name \_\_\_\_\_  
Last First Middle

Relation: Mother  Step-Mother  Legal Guardian  Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Telephone \_\_\_\_\_ Email \_\_\_\_\_

Alumna of NDA (check one)? Yes  No  Grad Year \_\_\_\_\_ Maiden Name \_\_\_\_\_

**Siblings & Other Family Members** How many?

# Younger Sisters \_\_\_\_\_ # Older Sisters \_\_\_\_\_ # Younger Brothers \_\_\_\_\_ # Older Brothers \_\_\_\_\_

**Other Relatives Who are Attending or Have Attended NDA**

_____	Sister <input type="checkbox"/>	Aunt <input type="checkbox"/>	Cousin <input type="checkbox"/>	Grandmother <input type="checkbox"/>
_____	Sister <input type="checkbox"/>	Aunt <input type="checkbox"/>	Cousin <input type="checkbox"/>	Grandmother <input type="checkbox"/>
_____	Sister <input type="checkbox"/>	Aunt <input type="checkbox"/>	Cousin <input type="checkbox"/>	Grandmother <input type="checkbox"/>

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send the Admissions Application to:**

**Notre Dame Academy**

**Admissions Office**

**3535 West Sylvania Avenue**

**Toledo, OH 43623**

**Fax: 419-725-1262**