



BOLD. BRILLIANT. BEAUTIFUL. BLESSED.

APPLICATION
For High School Admission
Priority Due Date: December 7, 2018

Name of Student

To: _____
Name of First-Choice High School Name of Elementary (Jr. High) School Now Attending

Name of Second-Choice High School (Optional) Date

Dear Eighth-Grade Applicants and Parents:

We, the Catholic High Schools of the Diocese of Toledo, are happy that you are considering attending one of our schools next year. We feel that we have strong programs to offer which will provide you with a well-rounded education. Together we will help you find the best school for you within our network of schools.

The decision to which school you would like to attend is up to you. Our common admission policy is to help you attend the school that you indicate as your first-choice. Should the school of your first-choice not be able to accept you, or should you be placed on a waiting list, a copy of this application will be forwarded to the second-choice high school.

An important part of our admission program is to have some information from you and from your school about your background. Please fill out the information at the top of this page and indicate to which high school you wish your application to be sent. Your teacher is asked to fill out the evaluation section for you and to send the form to the school indicated. Most of our testing and admission processing is done in the winter months.

On the day of the placement examination you should go (if at all possible) to the school of your first-choice to take the examination. On the test you will be asked to indicate your first-choice as well as your second-choice if there is one. The schools indicated will then receive copies of your scores. On the day designated for sending out acceptance letters, you will only receive a letter of acceptance from your first-choice school unless your first-choice school is unable to accept you. In that case, you will receive a letter from the school you indicate as second-choice, if that school is able to accept you. However, in any event, a school must have a copy of this form and your test scores to make a decision.

It is our hope that the above procedure aids you in finding the best school for you. Should you have any questions about our admission policy, please feel free to call us.

Sincerely Yours in Christ,
Catholic Schools Office
Phone: (419) 244.6711 ext. 4919

Cardinal Stritch Catholic High School
3225 Pickle Road - Oregon 43616
(phone.) 419.693.0465 ext. 238
e-mail: lvargas@cardinalstritch.org
Fax: 419.697.2816

St. Francis de Sales School
2323 W. Bancroft - Toledo 43607
(phone) 419.214.5437
e-mail: bskinner@sfsknights.org
Fax: 419.531.9740

Central Catholic High School
2550 Cherry Street - Toledo 43608
(phone.) 419.255.2280 ext. 1115
e-mail: dsanzenbacher@centralcatholic.org
Fax: 419.259.2848

St. John's Jesuit High School
5901 Airport Highway - Toledo 43615
(phone) 419.720.0757
e-mail: admissions@sjtitans.org
Fax: 419.861.5002

Notre Dame Academy Admissions Office
3535 W. Sylvania Avenue - Toledo 43623
(phone) 419.475.9359 ext. 1269
e-mail: admissions@nda.org
Fax: 419.725.1262

St. Ursula Academy
4025 Indian Road - Toledo 43606
(phone) 419.531.1693
e-mail: admissions@toledosua.org
Fax: 419.534.5777

The Diocese of Toledo Catholic Schools admit students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. They do not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

TO BE COMPLETED BY THE PARENTS:

I. STUDENT INFORMATION

Name _____ Family Email _____
Last First Middle
Address _____
Number and Street City State Zip
Birth date _____ Birthplace _____ Sex M ___ F ___
Month Day Year City State
School Now Attending _____ Public School District _____
Religion _____ Church _____

II. PARENT/GUARDIAN INFORMATION

Are either parents deceased?

Name(s) _____ If deceased, when? _____

Household 1

Is this household financially responsible for the student? Yes ___ No ___

Does this household have custody of the student? Yes ___ No ___

Male Parent/Guardian: _____
Title Last Name First Middle

Home Phone: _____ Emergency Phone: _____ Cell Phone: _____

May we send text messages? Yes ___ No ___ Parent email Address: _____

Relation: Father ___ Step-Father ___ Legal Guardian ___ Alumnus of this school Yes ___ No ___

Religion: _____ Church _____

Work _____
Employer Business Address

_____ Type of Work Business Phone May we call you at work? Yes ___ No ___

Female Parent/Guardian _____
Title Last Name First Middle (Maiden Name)

Home Phone _____ Emergency Phone: _____ Cell Phone: _____

May we send text messages? Yes ___ No ___ Parent email Address: _____

Relation: Mother ___ Step-Mother ___ Legal Guardian ___ Alumna of this school? Yes ___ No ___

Religion: _____ Church _____

Work _____
Employer Business Address

_____ Type of Work Business Phone May we call you at work? Yes ___ No ___

Household 2 (if applicable)

Is this household financially responsible for the student? Yes ___ No ___

Does this household have custody of the student? Yes ___ No ___

Male Parent/Guardian: _____
Title Last Name First Middle

Home Phone: _____ Emergency Phone: _____ Cell Phone: _____

May we send text messages? Yes ___ No ___ Parent email Address: _____

Relation: Father ___ Step-Father ___ Legal Guardian ___ Alumnus of this school Yes ___ No ___

Religion: _____ Church _____

Work _____
Employer Business Address

_____ Type of Work Business Phone May we call you at work? Yes ___ No ___

Female Parent/Guardian _____
Title Last Name First Middle (Maiden Name)

Home Phone _____ Emergency Phone: _____ Cell Phone: _____

May we send text messages? Yes ___ No ___ Parent email Address: _____

Relation: Mother ___ Step-Mother ___ Legal Guardian ___ Alumna of this school Yes ___ No ___

Religion: _____ Church _____

Work _____
Employer Business Address

_____ Type of Work Business Phone May we call you at work? Yes ___ No ___

IV. MISCELLANEOUS INFORMATION

Number of brothers: older ___ younger ___ Number of sisters: older ___ younger ___

Names of relatives who are attending or have attended this high school:

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

We would like you to write your thoughts on why you are applying to this high school:

Include any comments concerning health, physical, or learning disabilities:

V. TO BE COMPLETED BY THE STUDENT:

1. Do you have a cell phone? Yes ___ No ___ Cell #: _____
May we send text messages to you? Yes ___ No ___
2. Do you play a musical instrument? Yes ___ No ___ If so, which _____
3. Do you wish to continue (or begin) to play a musical instrument? Yes ___ No ___
4. Are you interested in singing in a choir? Yes ___ No ___ Perhaps ___
5. Are you interested in interscholastic athletics? Yes ___ No ___ Perhaps ___
If yes, which sports would you like to play at our high school? _____

6. What clubs, organizations or other extra-curricular activities would you like to be involved with? _____

7. What factors helped you choose this high school? (Please check the top three factors)

- | | |
|-------------------------|------------------------------------|
| ___ academic reputation | ___ family members attended |
| ___ athletic programs | ___ financial assistance available |
| ___ Catholic beliefs | ___ friends attend |
| ___ convenient location | ___ co-ed or single sex school |
| ___ school spirit | ___ other |

8. Who made the decision to apply to this high school?

- ___ student ___ parents ___ both

9. Where did you hear about the high school that you wish to attend? (Please check all that apply)

- | | |
|----------------|---------------------------------|
| ___ newspaper | ___ 8th grade school visitation |
| ___ television | ___ individual visits |
| ___ radio | ___ open house |
| ___ web site | ___ word-of-mouth |
| ___ mailings | ___ other |

Students, you are asked to sign below and give this form to your eighth-grade teacher or counselor. Parent(s), your signature(s) below approves this application and authorizes the release of disciplinary and academic information from the school that the student is currently attending to the Catholic high school of choice.

Applicant's Signature _____ Date _____

Parent(s) Signature _____ Date _____

_____ Date _____