



**Notre Dame Catholic Schools System (Notre Dame Jr/Sr High School)
A Member of the Roman Catholic Diocese of Syracuse
International Application Form for Admission 2019-2020**

(Circle One)

Applying for admission to **Notre Dame Jr/Sr High School:**

Grade Entering: 7 8 9 10 11 12

Student Name _____ **DOB** _____ **Place of Birth** _____
Last First Middle

English Name _____ **Male** _____ **Female** _____
Student E-mail Address _____

International Address:

Address _____

City _____ Province _____ Zip _____

Religion _____

Parental Information:

Mother's Information: Mother's Name _____

Address _____ City _____ Province _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email address _____

Father's Information: Father's Name _____

Address _____ City _____ Province _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email address _____

Agency (US) Information:

Agency Name _____ Contact Person _____

Phone Number _____ Email address _____

Host Family (U.S.) Information: Name(s) _____ Email address _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Public School District in which the student resides _____

Student's Name: _____

Medication:

Is the student currently taking medications? ____ Yes ____ No. If yes, please specify: _____

Does the medication need to be administered during the school day? ____ Yes ____ No. If yes, when? _____

Emergency Contacts

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Agency Contact:

Name of Agency _____ Contact Person _____

Work Phone _____ Cell Phone _____ Email _____

All tuition and fees for the 2019-2020 school year must be paid in full by August 15, 2019 and are non-refundable.

Uniforms must be purchased separately. The price will vary (\$200-\$300) depending on the quantity of uniforms the student wishes to purchase.

I/We have read the tuition and payment policy of the school. I/We are responsible to make tuition and fee payments for the student whose name is on this application for the 2019-2020 school year.

I/We understand that the school must be informed of any physical, mental or emotional limitation known by the parents that could affect appropriate placement. Providing inaccurate or incomplete information during the application process will result in non-acceptance or dismissal from the school. Classroom placement is determined by the school.

I understand that the *Student Handbook* contains the official policies and procedures of the school.

Mother/Guardian's Signature

Date

Father/Guardian's Signature

Date



NOTRE DAME HIGH SCHOOL

RONALD R. SPADAFORA JR., EXECUTIVE PRINCIPAL | ROY KANE, ASSOCIATE PRINCIPAL

Transportation Request

Complete this form only if you are requesting transportation for the coming school year.

Family Name: _____

Address: _____ Phone: _____

City _____ State _____ Zip _____

Residing in: _____ Public School District _____

Attending: _____ School _____

Student's Name: _____ Grade _____

Student's Name: _____ Grade _____

Student's Name: _____ Grade _____

Student's Name: _____ Grade _____

This is to certify that I hereby appoint the principal of the above-mentioned school to act as my authorized representative to request transportation to and from school under the provision of the Speno Act for the students mentioned above.

This authorization shall remain in effect while I have my child(ren) in attendance at this school or until I expressly revoke it in writing.

Signature of Parent or Guardian

Date

Note: The school must present this request to the public school district by April 1. It is imperative that this signed form be returned to the school no later than Friday, March 29.



NOTRE DAME HIGH SCHOOL

RONALD R. SPADAFORA JR., EXECUTIVE PRINCIPAL | ROY KANE, ASSOCIATE PRINCIPAL

Textbook Request

Family Name: _____

Address: _____ Phone: _____

City State Zip

Residing in: _____ Public School District

Attending _____ School

Student's Name: _____ Grade _____

Student's Name: _____ Grade _____

Student's Name: _____ Grade _____

Student's Name: _____ Grade _____

Student's Name: _____ Grade _____

I, the undersigned, request that the above-mentioned school district loan to my child(ren) the textbooks required for his/her/their education and hereby authorize the principal of the school to act as my agent in the implementation of this request.

This authorization shall remain in effect while my child(ren) are attending this school, unless I expressly revoke it in writing.

I understand that all books loaned to my child(ren) are to be maintained in good condition, and that said child(ren) will be responsible for the loss or excessive damage to these books.

Signature of Parent or Guardian

Date



**NOTRE DAME JUNIOR/SENIOR HIGH SCHOOL
FAMILY EMERGENCY INFORMATION MEDICAL RELEASE**

Please list below the names and grade level of all your children who will be attending Notre Dame for the 2019-2020 school year.

STUDENT NAME (first and last name)

GRADE LEVEL

PLEASE COMPLETE THE FOLLOWING FOR EMERGENCY USE:

Please list two (2) relatives, neighbors, or friends who will assume temporary care of your child if the school is unable to contact you or someone who would know where to reach you on a normal day:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

PLEASE COMPLETE THE FOLLOWING FOR A MEDICAL EMERGENCY:

In the event of a medical emergency when Notre Dame Junior/Senior High School is unable to contact me, medical treatment can be given to any of the above named children by a doctor or hospital selected by the school.

Parent/Guardian Signature

Date

Preference for hospital: _____

Family Physician: _____ Phone: _____

Allergies, Physical Handicaps, Medical Conditions

Child's Name

Condition



PHOTO RELEASE FORM

I hereby give my consent to Notre Dame Schools to photograph, film, videotape and then use, reproduce, and publish said images of me and/or my child/children.

(Please print name)

(Please print child's name)

I hereby release Notre Dame Schools the right to:

- Share images of me and/or my child/children on the organization's website, social media pages, or printed material
- Distribute images of me and/or my child/children to media outlets

Signature

Date

Signature for minor child

Organization

Address

Internal Use Only
Date Filed _____
Initials _____



**THE CATHOLIC SCHOOLS OF THE DIOCESE OF SYRACUSE
AND NOTRE DAME JR /SR HIGH SCHOOL**

**NOTRE DAME HANDBOOK/CODE OF CONDUCT AGREEMENT AND AGREEMENT
FOR INTERNET ACCESS BY STUDENTS**

HANDBOOK/CODE OF CONDUCT AGREEMENT

1. I have read the Document entitled "Notre Dame Jr./Sr. High School Handbook and Code of Conduct (hereafter, the Handbook/Code of Conduct) found in the student agenda/planner book.
2. I understand and agree to comply with the policies, rules, and procedures proscribed in the Handbook/Code of Conduct.
3. I further understand that my failure to comply with such policies, rules and procedures will result in penalties as described in the Handbook/Code of Conduct.

INTERNET AGREEMENT

1. I have read the section of the Handbook/Code of Conduct entitled "TERMS AND CONDITIONS FOR ACCEPTABLE USE OF THE INTERNET BY STUDENTS" (Hereafter the "TERMS AND CONDITIONS") found in the Handbook/Code of Conduct portion of the student agenda/planner book.
2. I understand and agree to abide by the TERMS AND CONDITIONS. I understand and accept that I will be held accountable for consequences of any violation of the TERMS AND CONDITIONS in accordance with the provisions stated in that document.
3. I understand that any access to the Internet, whether in school or through remote connections, is provided to me solely for educational purposes.
4. As a user of the Catholic School network, I agree to comply with all applicable rules of the Catholic Schools of the Diocese of Syracuse and with all state and federal laws and restrictions and to communicate over the network in a responsible manner.

1, Student's Name _____
(Please Print)
Student's Signature _____

2. Student's Name _____
(Please Print)
Student's Signature _____

3. Student's Name _____
(Please Print)
Student's Signature _____



As the parent/guardian of the student(s) listed on the reverse, I acknowledge that my child/children and I have read and understand the Notre Dame Jr./Sr. High School Handbook/Code of Conducts as found in the student agenda/planner book. I understand that my child/children are expected to comply with the rules, policies, and procedures contained in the Handbook/Code of Conduct and that failure to do so will result in penalties as proscribed by the Handbook/Code of Conduct.

In addition, as the parent/guardian of the above student(s), I grant permission for my daughter(s) and/or son(s) to access networked computer services such as electronic mail and the Internet. I understand that my child/children may be held liable for violations of the TERMS AND CONDITIONS and/or applicable laws. I also understand that some materials on the Internet may be objectionable, but I accept responsibility to provide guidance regarding Internet use and to set and convey standards for my daughter(s) and/or son(s) to follow when selecting, sharing, or exploring information and media. As parent/guardian, I agree to discuss the appropriate use of electronic media with my child/children and to insure that she/he or they understand(s) the TERMS AND CONDITIONS. I acknowledge that my child's/children's access to the Internet through facilities at the Catholic Schools of the Diocese of Syracuse may be summarily revoked in the event of a breach of the TERMS AND CONDITIONS. Finally, if my child/children is/are not sufficient age and maturity to sign above, I also certify that I have read the TERMS AND CONDITIONS to my child/children, and that my child/children understand them and agrees to abide by them.

Parent/Guardian: _____
(Please Print)

Parent/Guardian Signature: _____

Date: _____

FAMILY NAME: _____
(Please Print)

Address: _____

City, State, and Zip: _____

SCHOOL YEAR: 2019-2020