

APPLICATION FOR ADMISSION  
**ARCHBISHOP SHAW HIGH SCHOOL**

1000 BARATARIA BLVD. MARRERO, LA 70072

VOICE: (504) 340-6727 FAX: (504) 347-9883

[WWW.ARCHBISHOPSHAW.ORG](http://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 \_\_\_\_\_ 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

\_\_\_ Copy of Shot Records

\_\_\_ 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

ARCHBISHOP SHAW HIGH SCHOOL ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL, AND ETHNIC ORIGIN TO ALL THE RIGHTS, PROGRAMS AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS OF THE SCHOOL. IT DOES NOT DISCRIMINATE ON BASIS OF RACE, COLOR, NATIONAL, AND ETHNIC ORIGIN OR DISSABILITY IN VIOLATION OF STATE AND FEDERAL LAW OR REGULATION IN ADMISNISTRATION OF ITS EDUCATION POLICIES AND PROGRAMS