

APPLICATION FOR ADMISSION
ARCHBISHOP SHAW HIGH SCHOOL

1000 BARATARIA BLVD. MARRERO, LA 70072
PHONE: (504) 340-6727 FAX: (504) 347-9883
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 _____ Family Email _____

Date of Birth _____ Religion _____

Church Parish _____ If not Catholic, place of worship _____

Current School Attending _____ Current Grade _____

Current 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 from 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 accomplishments:

UPON COMPLETION OF THE ADMISSIONS APPLICATION, THE FOLLOWING ITEMS MUST BE SUBMITTED TOGETHER:

___ \$30 Non-Refundable Application Fee

Checks may be made out to: Archbishop Shaw High School

___ Copy of Shot Records

___ Copy of Birth Certificate

___ Current Report Card

___ Transcripts from the Previous Three Years

(TRANSCRIPTS SHOULD INCLUDE FINAL REPORT CARD GRADES AND STANDARDIZED TEST SCORES)

I HAVE READ AND COMPLETED THE INFORMATION REQUIRED ON THIS FORM AND AGREE THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE INFORMATION PROVIDED WILL BE USED IN EVALUATING MY SON'S ACCEPTANCE/NON-ACCEPTANCE INTO ARCHBISHOP SHAW HIGH SCHOOL.

PARENT'S 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 OR ETHNIC ORIGIN OR DISABILITY IN VIOLATION OF STATE AND FEDERAL LAW OR REGULATION IN ADMINISTRATION OF ITS EDUCATIONAL POLICIES AND PROGRAMS.