

# APPLICATION FOR ADMISSIONS

Application Fee: \$100.00

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

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

Mailing Address \_\_\_\_\_  
PO Box/Number Street City State Zip

Current School District You Reside in \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current School \_\_\_\_\_  
Name of School City State

Does the student have an: **IEP** or **504 Plan** (If yes please attach a copy)

Ethnic Background  Caucasian  Afro-American  Hispanic  Asian  Native American  Other

Sex:  Male  Female      Year Applying For:  Sixth Grade  Seventh Grade  Eighth Grade  
 Freshman  Sophomore  Junior  Senior

Resides With:  Mother & Father  Mother & Stepfather  Father & Stepmother  Father Only  
 Mother Only  Grandparents  Guardian  Other \_\_\_\_\_

Whom Should The School Direct Mail To?  Mr. & Mrs.  Mr.  Mrs.  Miss/Ms.  Doctor  Doctor & Mrs.  Mr. & Doctor

## Interests (check as many as apply)

What activities would you be interested in participating in at ND-BG?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Baseball           | <input type="checkbox"/> Drama Club    | <input type="checkbox"/> Soccer – Girls      |
| <input type="checkbox"/> Softball           | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Ski Club            |
| <input type="checkbox"/> Bowling            | <input type="checkbox"/> Golf          | <input type="checkbox"/> Spring Track        |
| <input type="checkbox"/> Basketball – Boys  | <input type="checkbox"/> Football      | <input type="checkbox"/> Student Ambassadors |
| <input type="checkbox"/> Basketball – Girls | <input type="checkbox"/> Mock Trial    | <input type="checkbox"/> Student Council     |
| <input type="checkbox"/> Campus Ministry    | <input type="checkbox"/> Newspaper     | <input type="checkbox"/> Volleyball – Girls  |
| <input type="checkbox"/> Cheerleading       | <input type="checkbox"/> Peer Tutoring | <input type="checkbox"/> Yearbook            |
| <input type="checkbox"/> Chorus             | <input type="checkbox"/> Soccer – Boys |  |

What hobbies do you have? \_\_\_\_\_

List any enrichment programs or courses? \_\_\_\_\_

**Parent /Guardian Information**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

City/State \_\_\_\_\_ City/State \_\_\_\_\_

Title/Position \_\_\_\_\_ Title/Position \_\_\_\_\_

Business Telephone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Business Telephone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Home Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_

Title/Position \_\_\_\_\_ Business Telephone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

**Emergency Contact**

(must be other than parent/guardian)

\_\_\_\_\_ ( ) \_\_\_\_\_  
Name Relationship Telephone

\_\_\_\_\_ Number Street City State Zip

**Parish/Church/Synagogue**

Catholic  Non-Catholic

\_\_\_\_\_ Name of Parish/Church/Synagogue City State Zip

**Family**

Number of Brothers: Older \_\_\_\_\_ Younger \_\_\_\_\_ Number of Sisters: Older \_\_\_\_\_ Younger \_\_\_\_\_

**Alumni**

If any relatives are now attending or have previously attended Notre Dame – Bishop Gibbons School, give names and relationship.

\_\_\_\_\_ Name Relationship Date of Graduation

\_\_\_\_\_ Name Relationship Date of Graduation

**For Office use only**

Application date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Collected by \_\_\_\_\_ Registration \_\_\_\_\_

# **TRANSCRIPT/HEALTH RELEASE FORM**

(Parent/Guardian consent to release information to third parties.)

Please return with application to Notre Dame – Bishop Gibbons School

Student's Name \_\_\_\_\_ Grade- September, 2007 \_\_\_\_\_

Current school \_\_\_\_\_

Address: \_\_\_\_\_

Please check to see that all the following records are forwarded:

- Academic
- Medical/Health
- Standardized testing
- Psychological
- Social/Teacher reports
- Any other materials on file

**We understand that such records will NOT be released to any other persons without proper consent.**

Signature of School Official: \_\_\_\_\_  
Principal

Parent/Guardian Signature: \_\_\_\_\_

**Please send records to:**

Notre Dame - Bishop Gibbons School Guidance office  
Att: Mrs. Kathy Tobin  
2600 Albany Street  
Schenectady, NY 12304