

# ANDREAN HIGH SCHOOL

## Application for Freshman Admission



Students may apply for 9th grade admission to Andrean and will be evaluated based upon the documentation requested on the application and the Entrance Exam held on December 10, 2016 and January 21, 2017. The following documentation should be submitted with this completed application.

- Complete Application for Freshman Admission
- Copies of Report Cards from 7<sup>th</sup> and 8<sup>th</sup> grade
- ISTEP scores from grades 6<sup>th</sup> and 7<sup>th</sup>
- Any other standardized test scores from grades 7<sup>th</sup> and 8<sup>th</sup>, including ECA scores if available
- Any other pertinent academic information (including any active IEP)
- Andrean Parish Verification Form (available on [andreanhs.org](http://andreanhs.org))
- At least one (but no more than three) completed Teacher Recommendation Form
- Copy of complete Immunization Records
- Essay

Documents and payment must be dropped off in person or mailed to the Andrean Main Office by **December 1, 2016 for early admittance. After December 1<sup>st</sup> there will be a \$35 fee. All applications are due February 1, 2017.**

### Student Information

*Please print ALL information!*

Applicants Full Legal Name: \_\_\_\_\_  
*last first middle*

Preferred Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_  
*number / street city county state zip + 4 digits*

Social Security #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
*required for state of Indiana College Financial Aid*

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
*month / day / year city / state*

Gender:  Male  Female Student race/ethnicity: \_\_\_\_\_ / \_\_\_\_\_ U.S. Citizen:  Yes  No

Parish/Church \_\_\_\_\_  
*name of parish/church city state*

Last School Attended: \_\_\_\_\_  
*name address*

# of Brothers: \_\_\_\_\_ Age of Brother(s): \_\_\_\_\_

# of Sisters: \_\_\_\_\_ Age of Sister(s): \_\_\_\_\_

Name(s) of siblings who attend or have attended Andrean High School:

\_\_\_\_\_

Public School Corporation of applicant's residence \_\_\_\_\_

Does applicant currently receive Indiana Choice Scholarship funds?  Yes  No

If no, will applicant be applying for Indiana Choice Scholarship funds this school year?  Yes  No  
 Is English applicant's first language?  Yes  No Is applicant bi-lingual?  Yes  No  
 If yes, Second Language \_\_\_\_\_

**Academic Information**

**IMPORTANT:** Please attach **any** and **all** academic transcript of grades, ISTEP, PSAT, SAT, ACT and/or NWEA scores.

- Yes  No Has your child ever had an IEP or 504? (If yes, please attach paperwork)  
 Yes  No Has your child ever been through a psychological evaluation? (If yes, please attach paperwork)  
 Yes Authorization to release your child's official/unofficial transcript when necessary

*Parent Signature*

**Parent / Guardian Information**

Parents' Marital Status  Married  Separated  Divorced  Single Parent  
 Applicant lives with  Parents  Guardian  Mother  Father  Other \_\_\_\_\_  
 Check any that apply  Father deceased  Mother deceased  
 First and Last Names of Person(s) applicant lives with: \_\_\_\_\_

**Parent/Guardian A Information**

Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ Race: \_\_\_\_\_  
 Home address (if different from applicant) \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Andean Graduate:  Yes, Year? \_\_\_\_\_  No Birth date: \_\_\_\_\_ Maiden Name \_\_\_\_\_  
 Name of stepparent in the same household as Parent A \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Andean Graduate:  Yes, Year? \_\_\_\_\_  No Birth date: \_\_\_\_\_ Maiden Name \_\_\_\_\_

**Parent/Guardian B Information**

Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ Race: \_\_\_\_\_  
 Home address (if different from applicant) \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Andean Graduate:  Yes, Year? \_\_\_\_\_  No Birth date: \_\_\_\_\_ Maiden Name \_\_\_\_\_  
 Name of stepparent in the same household as Parent \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Andean Graduate:  Yes, Year? \_\_\_\_\_  No Birth date: \_\_\_\_\_ Maiden Name \_\_\_\_\_

### Additional Contact Information

Is there any other person to whom student information (report cards, etc.) should also be sent?  
Please indicate the name, address, and relationship to the student.

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<i>name</i>	<i>address</i>	<i>relationship</i>
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### Emergency Contact Information

List two relatives or friends/neighbors who will assume temporary care of your child if you cannot be reached.  
These individuals have been notified and have given consent.

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<i>name</i>	<i>address</i>	<i>phone #</i>
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<i>name</i>	<i>address</i>	<i>phone #</i>
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Please list any past or present medical problems of importance: All medical problems must be documented by a physician.

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I give consent for any doctor, clinic, or hospital to provide medical treatment in the event of an emergency when I cannot be reached.

Yes  No      Immunization Records are required by law and must be current at time of enrollment.

Have any special circumstances affected the applicant's school performance?  Yes  No if yes, please provide additional information in attached documentation.

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I have disclosed all pertinent information regarding this applicant for admission to Andean High School \_\_\_\_\_ Please Initial

Andean may request a meeting to further discuss the information disclosed on this application. Andean reserves the right to change an admittance decision due to withholding information or any circumstances that occur after admission has been granted.  
I/We, the parent(s)/legal guardian(s) of the applicant, affirm that the information supplied in this application is true and correct to the best of my/our ability. I/We further understand that the board of specified jurisdiction of Andean High School has established that admission to the school is based on the following preferences: (1) Catholics who are participating members of a Diocese of Gary parish; (2) non-Catholics who have attended a Diocese of Gary Catholic school for at least grades 6, 7, and 8; and (3) Catholics who are participating members of parishes outside the Diocese of Gary.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use : Date Received:	Enrollment Date:	Student ID#
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