

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 February 24, 2017 and March 18, 2017. The following documentation should be submitted with this completed application.

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

Documents and payment must be dropped off in person or mailed to the Andrean Main Office by **Monday, May 1, 2017 with a \$35 application fee.**

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.

<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.

<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.

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.

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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