



**Notre Dame High School**  
**3417 Church Road**  
**Easton, PA 18045**  
**Phone: 610 868-1431**

*Accredited by the Middle States Association  
and the Pennsylvania Department of Education*

## **Interested in Notre Dame High School?**

If so, please contact Mrs. Cheryl Fenton at 610-868-1431 ext. 108. Personal tours can be scheduled day and/or evening.

If you are interested in attending Notre Dame, please complete the application form and registration forms included. Please mail these completed forms to:

**Mrs. Lisa Beltz**  
**Notre Dame High School**  
**3417 Church Road**  
**Easton, PA 18045**

**TRANSFER STUDENTS:** All transfer applications must be reviewed prior to admissions. The final decision regarding acceptance is contingent upon review of the following data from the transfer student's current school:

- High School Transcript
- Attendance Record
- Discipline Record

Thank you for your interest in Notre Dame High School.



# NOTRE DAME HIGH SCHOOL

## Application for Admission

*Please print legibly. All sections must be completed.*

### SECTION I :STUDENT INFORMATION

Today's Date \_\_\_\_\_ Expected Year of Graduation \_\_\_\_\_

Student's Legal Name \_\_\_\_\_

*Last Name*

*First Name*

*Middle Initial*

Birth date \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ Place of Birth \_\_\_\_\_

Sex ☐ Male ☐ Female Grade ☐ 9 ☐ 10 ☐ 11 ☐ 12

Roman Catholic ☐ No ☐ Yes Affiliated Parish \_\_\_\_\_

Ethnicity ☐ American Indian/Native Alaskan ☐ Asian ☐ Black ☐ Hispanic ☐ Multi-racial  
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other

Name and Location of Last School Attended \_\_\_\_\_

Public School District in Which Student Resides \_\_\_\_\_

### SECTION II :PARENT/GUARDIAN INFORMATION

Father's Name \_\_\_\_\_ Student resides with this parent \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cellular Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation \_\_\_\_\_

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

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Student resides with this parent \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cellular Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation \_\_\_\_\_

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

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

### SECTION III : FAMILY BACKGROUND

*Please list all names and grade level of any other children in your immediate family currently attending Notre Dame High School*

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

*Please see reverse side.*

#### SECTION IV: LEGAL INFORMATION

Student is transferring for religious and academic reasons only and not for athletic reasons. With successful admission of the student, the parent or guardian accepts the responsibility and commitment to legally fulfill financial requirements. Parents and student agree to abide by all the regulations and policies outlined by the Diocese of Allentown and Notre Dame High School. Divorced or separated parents must file a COURT– CERTIFIED copy of the custody section of the divorce or separation decree with the principal's office. Notre Dame High School will not be responsible for failing to honor a custody agreement that had not been made known to the principal. Before a student will be allowed to attend classes, a copy of the student's immunization card must be provided and reviewed by the school nurse. If this application is not completed in its entirety, the application may be denied.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ALL ADMISSIONS ARE AT THE DISCRETION OF THE PRINCIPAL  
A NON-REFUNDABLE PROCESSING FEE IS DUE PRIOR TO PROCESSING.**

- ☐ Open enrollment (Oct-Dec) \$50
- ☐ Restricted enrollment (Jan-Jun) \$75
- ☐ Late enrollment ( After July 1) \$100
- ☐ Mid-year transfer- \$75

Check number \_\_\_\_\_

Official Start Date: \_\_\_\_\_

#### PRINCIPAL'S APPROVAL:

*To be signed by the principal upon approval after reviewing admission application.*

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Guidance Permission Form

Colonial Intermediate Unit 20 provides the Guidance Services at Notre Dame High School. This service consists primarily of career and or college guidance. The Guidance Office provides all high school transcripts. In order for your child to receive these services while at Notre Dame, parents must sign this form both indicating permission for services and your understanding that school related information will be exchanged between Intermediate Unit employees and Notre Dame employees.

Please complete this form as part of the Notre Dame Registration Booklet. Without your signature, your child will not be eligible for these services.

Additionally, by signing this form you are granting permission to release any information pertaining to your son/daughter's attendance at Notre Dame High School to authorized colleges, scholarship applications, or future employment requests.

Student's Name (Print): \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

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

Date: \_\_\_\_\_

## Request For Loan Of Textbooks

Pennsylvania Act 195 authorizes the Secretary of Education of the Commonwealth of Pennsylvania to loan textbooks to children enrolled in non-public schools. Pennsylvania Act 90 authorizes the loan of instructional materials to children enrolled in non-public schools. In order for Notre Dame High School to request textbooks for your student, you must complete this form.

According to the law of Commonwealth of Pennsylvania, the parent of each student attending the non-public school must individually request a loan of textbooks and educational materials. By completing this form you are making such a request.

I hereby request the loan of textbooks and instructional materials in accordance with Pennsylvania Act 195 and Act 90. The requested textbooks and instructional materials are for the student named below. This student is/will be attending Notre Dame High School. I acknowledge that I am ultimately responsible for any books loaned to my child by Notre Dame High School but not returned.

Student's Name (Print): \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

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

Date: \_\_\_\_\_

# Notre Dame High School

## General Transportation Form

Dear Parent,

According to Pennsylvania Law, nonpublic school children are entitled to transportation to nonpublic schools as follows:

1. A district which provides transportation for resident public school students must also make identical provision for the transportation of resident nonpublic students.
2. Transportation for nonpublic school students must be provided to and from the nonpublic school in which the student is enrolled, even if the nonpublic school is located outside the district so long as the distance is not more than 10 miles beyond the district boundaries. (Note this distance may be in excess of 10 miles from the student's home.)
3. A district may transport children who live along hazardous routes even though the children live within walking distance of the school.

**If you think you are eligible for transportation and desire it for the next term please complete the request form below and return it to the school immediately.**

### **Request for Transportation Under Act 372**

*(Complete a separate form for each child needing bus transportation next school year and return it to school)*

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ M F

Grade Entering \_\_\_\_\_ Student will be attending Notre Dame High School: YES NO

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Public School District student resides \_\_\_\_\_

The above named student lives approximately \_\_\_\_\_ miles from Notre Dame High School.

If student received public school transportation last year, please indicate bus number \_\_\_\_\_ and District \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Date \_\_\_\_\_  
Please Print

Parent's Signature \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Emergency Number(s) \_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

**Note: Please see additional form for New Jersey Transportation**

SCHOOL YEAR \_\_\_\_\_ RESIDENT DISTRICT BOARD OF EDUCATION \_\_\_\_\_  
STUDENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
LAST FIRST MIDDLE MONTH DAY YEAR  
PARENT OR GUARDIAN \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
AREA CODE + NUMBER  
HOME ADDRESS \_\_\_\_\_ CITY or TWP \_\_\_\_\_ ZIP \_\_\_\_\_  
NEAREST INTERSECTION TO STUDENT'S RESIDENCE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
FULL NAME OF SCHOOL TO BE ATTENDED \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS OF SCHOOL \_\_\_\_\_

STUDENT'S GRADE FOR THE COMING YEAR \_\_\_\_\_ SHORTEST ONE-WAY MILEAGE BETWEEN HOME AND SCHOOL \_\_\_\_\_  
(MEASURED VIA THE SHORTEST ROUTE ALONG PUBLIC ROADWAYS OR WALKWAYS IN MILES AND TENTHS)  
DATE SCHOOL OPENS \_\_\_\_\_ CLOSES \_\_\_\_\_ SCHOOL HOURS FROM \_\_\_\_\_ MILES TENTHS AM TO \_\_\_\_\_ PM  
NAME AND ADDRESS OF LAST SCHOOL OF ATTENDANCE \_\_\_\_\_  
DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE \* FOR PUBLIC SCHOOL USE ONLY**

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:  
\_\_\_\_\_ TRANSPORTATION WILL BE PROVIDED \_\_\_\_\_ YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION  
\_\_\_\_\_ INELIGIBLE \_\_\_\_\_ (REASON)  
DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (B6T) N.J.A.C. 6A:27-2.5**

1. IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:

- ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.

**NOTE:**

- IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
- IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.

- COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10<sup>TH</sup> PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10<sup>TH</sup> WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.

2. IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15<sup>TH</sup>.

3. IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1<sup>ST</sup>.

A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED "REQUEST FOR PAYMENT OF TRANSPORTATION AID" VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.

**Notre Dame High School  
3417 Church Road  
Easton, PA 18045**

**Attendance Waiver Form**  
**Diocesan Regulation #5117**

***Request for Secondary School Attendance Outside Area of Residence***

***Directions: Please PRINT the following information***

Name of Student \_\_\_\_\_

Name of Parents \_\_\_\_\_

Address (if rural indicate exact location)  
\_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parish \_\_\_\_\_

School District of Residence \_\_\_\_\_

School currently attending \_\_\_\_\_

Requesting permission to attend \_\_\_\_\_

Reasons for request (include documentation where appropriate)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
***Signature of Parent***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Signature of Sending School Principal***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Signature of Receiving School Principal***

\_\_\_\_\_  
***Date***

*Completed form should be sent to: Assistant Superintendent for Secondary Education at  
Diocese of Allentown—Office of Education, 2145 Madison Avenue, Bethlehem PA 18017. You will be  
notified by mail of the decision.*

\_\_\_\_\_  
**FOR EDUCATION OFFICE USE ONLY**      \_\_\_\_\_ **Approved**      \_\_\_\_\_ **Disapproved**

**Date** \_\_\_\_\_      **Notification sent to** \_\_\_\_\_

\_\_\_\_\_  
***Assistant Superintendent of Education***

\_\_\_\_\_  
***Date***



# Notre Dame High School

## Athletic & Activity Preference Form

Please print all information clearly.

Name-Last: \_\_\_\_\_ First: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Please indicate your interest in the following:**

- |                       |          |                        |         |
|-----------------------|----------|------------------------|---------|
| • Baseball            | ____ BB  | • Band                 | ____ BA |
| • Basketball-boys     | ____ BK  | • Instrument _____     |         |
| • Basketball-girls    | ____ BG  | • Color Guard          | ____ CG |
| • Cross Country-boys  | ____ CCB |                        |         |
| • Cross Country-girls | ____ CCG | • Pro-Life             | ____ PL |
| • Football            | ____ FB  | • Chorus               | ____ CH |
| • Golf                | ____ GO  | • Theater Co.          | ____ TC |
| • Soccer-boys         | ____ SO  | • Friends              | ____ FN |
| • Soccer-girls        | ____ SOG | • Scholastic Scrimmage | ____ SS |
| • Softball            | ____ SB  | • Speech and Debate    | ____ SD |
| • Tennis-boys         | ____ TNB | • Key Club             | ____ KC |
| • Tennis-girls        | ____ TNG | • GEO Club             | ____ GC |
| • Track-boys          | ____ TRB | • Crusader Newspaper   | ____ NP |
| • Track-girls         | ____ TRG | • Yearbook             | ____ YB |
| • Volleyball (girls)  | ____ GV  | • FBLA                 | ____ FL |
| • Wrestling           | ____ WR  |                        |         |
| • Cheerleading        | ____ CL  |                        |         |

# Notre Dame High School

## Health, Safety, and Academic Information

*(All information contained within this form will be held strictly confidential)*

**PLEASE PRINT LEGIBLY. ALL SECTIONS MUST BE COMPLETED.**

**Today's Date** \_\_\_\_\_ **Expected Year of Graduation** \_\_\_\_\_

### Section I: Parent / Guardian Information

Does student reside with the biological mother \_\_\_\_ Yes \_\_\_\_ No and biological father \_\_\_\_ Yes \_\_\_\_ No? If "No" to both, please complete the following questions:

State with whom the student resides and describe the situation: \_\_\_\_\_  
\_\_\_\_\_

**Location of biological mother:** \_\_\_\_\_

**Location of biological father:** \_\_\_\_\_

**If parents are divorced, please state with whom the student resides:** \_\_\_\_\_

**The current marital status of the custodial parent is** \_\_\_\_ Separated \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Married \_\_\_\_ Widowed

Notre Dame High School's policy for the release of student information to non-custodial parents, or shared custodial parents, requires a signed and dated Release of Student Information form from ***BOTH*** parents indicating a request and/or permission to release information from the academic, attendance, athletic, discipline, finance and main office. In addition, a copy of the court order or custody agreement must accompany the release form.

### Section II: Student Information

**Student's Legal Name:** \_\_\_\_\_  
Last Name First Name Middle Initial

**Are there any court orders in affect regarding this student?** \_\_\_\_ No \_\_\_\_ Yes, Custody Agreement \_\_\_\_ Yes, Other – Explain:

\_\_\_\_\_

**Does the student have a case worker?** \_\_\_\_ No \_\_\_\_ Yes – Name of Caseworker \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Has the student ever been a patient at a Treatment Center or Rehabilitation Center for drugs, alcohol, or emotional problems?**  
\_\_\_\_ No \_\_\_\_ Yes – If yes, complete the following:

**Name of Center:** \_\_\_\_\_

**Reason at center:** \_\_\_\_\_  
\_\_\_\_\_

**Has the student ever been in trouble with the police (i.e., misdemeanor or felony)?** \_\_\_\_ No \_\_\_\_ Yes – Explain:

\_\_\_\_\_

**Does the student have any:**  
**dental issues** \_\_\_\_ No \_\_\_\_ Yes -- \_\_\_\_\_

**emotional disorder/dysfunction** \_\_\_\_ No \_\_\_\_ Yes -- \_\_\_\_\_

**health concerns** \_\_\_\_ No \_\_\_\_ Yes -- \_\_\_\_\_

**hearing impairments** \_\_\_\_ No \_\_\_\_ Yes -- \_\_\_\_\_

**mental challenges** \_\_\_\_ No \_\_\_\_ Yes -- \_\_\_\_\_

**physical impairments** \_\_\_\_ No \_\_\_\_ Yes -- \_\_\_\_\_

**speech impediments** \_\_\_\_ No \_\_\_\_ Yes -- \_\_\_\_\_

**vision impairments** \_\_\_\_ No \_\_\_\_ Yes -- \_\_\_\_\_

# Notre Dame High School

## Health, Safety, and Academic Information

*(All information contained within this form will be held strictly confidential)*

Does the student have any:

contagious disease \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

positive test for a contagious disease \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Are you requesting accommodations at Notre Dame High School? \_\_\_\_\_ No \_\_\_\_\_ Yes – What accommodations? (Documentation required)

May the student participate in regular physical education classes without restrictions? \_\_\_\_\_ Yes \_\_\_\_\_ No – State reason: \_\_\_\_\_

Has the student ever received:

Special education services—learning support \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Special education services—remedial services \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Special education services—emotional support \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Special education services—Other \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Chapter One Assistance \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Special help in any subject \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Special help in any area \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Comments: \_\_\_\_\_

Has the student ever:

Repeated a grade \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Been referred for psychological testing \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Been referred for psychological counseling \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Been tested for placement in a Gifted Program \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Comments: \_\_\_\_\_

Has the student participated in:

Music programs – Band \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Music programs – Chorus or Choir \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Music programs – Instrumental Lessons \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Sports \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Does the student have any special talents in:

Art \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Drama \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Has the student an interest in special activities? \_\_\_\_\_ No \_\_\_\_\_ Yes -- \_\_\_\_\_

Comments: \_\_\_\_\_

### Section III: Legal Information

All information received within this form will be kept strictly confidential. Notre Dame High School reserves the right to refuse admissions for any student for whom this form is not completed in its entirety. **ANY INFORMATION CONTAINED ON THIS FORM FOUND TO BE FRAUDULENT WILL RENDER THE STUDENT LIABLE FOR IMMEDIATE WITHDRAWAL.**

Please print name of person furnishing the information: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Student's signature is required to indicate the student's awareness of information provided.)

# Notre Dame High School EMERGENCY CARD

For the School Year \_\_\_\_\_

– PLEASE PRINT LEGIBLY.

## Section I: Student Information

Student Name: \_\_\_\_\_

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

Birth Date: \_\_\_\_/\_\_\_\_/19\_\_\_\_ Grade: 9 10 11 12 Parish \_\_\_\_\_

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

School District: \_\_\_\_\_ Last school attended \_\_\_\_\_

## Section II: Parent / Guardian Information

Father's Name: \_\_\_\_\_ Check if Primary Contact \_\_\_\_

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

Home Telephone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cellular Telephone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

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

Work Telephone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Mother's Name: \_\_\_\_\_ Check if Primary Contact \_\_\_\_

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

Home Telephone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cellular Telephone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

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

Work Telephone: \_\_\_\_-\_\_\_\_-\_\_\_\_

## Section III: Local Contact Information

Contact's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Telephone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cellular Telephone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Work Telephone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Name of Employer: \_\_\_\_\_

## Section IV: Medical Information / Medical Release

In a medical emergency, we hereby authorize Notre Dame High School to seek emergency medical assistance for our child if we cannot be reached. (If present in the household, both parents must sign and date below.)

\_\_\_\_\_  
Parent ( Guardian )Signature and Date

\_\_\_\_\_  
Parent (Guardian) Signature and Date

Please keep a copy of this form for your records. IMPORTANT: Please update the school immediately if any information changes. If medical issues are pertinent to extra curricular activity or sport, please alert Nurse and Athletic Trainer.

Doctor's Name \_\_\_\_\_ Telephone \_\_\_\_-\_\_\_\_-\_\_\_\_

Insurance Company \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

List student's known allergies \_\_\_\_\_

List student's Medical conditions \_\_\_\_\_

List student's current Medications \_\_\_\_\_

\*Please remember to keep a current student emergency card on file.  
In case of an emergency, an up-to-date card will be invaluable.

Notre Dame High School, Inc.  
Payment Preference Form

**Please fill out this form in its entirety. Also, check the appropriate boxes. Buyouts and Vo-Tech are not assumed.**

Student(s) Name(s) _____	<b>FUNDRAISING</b>			
	<input type="checkbox"/> BUYOUT	<input type="checkbox"/> VO-TECH	<input type="checkbox"/> NOT RETURNING	
_____	<input type="checkbox"/> BUYOUT	<input type="checkbox"/> VO-TECH	<input type="checkbox"/> NOT RETURNING	
_____	<input type="checkbox"/> BUYOUT	<input type="checkbox"/> VO-TECH	<input type="checkbox"/> NOT RETURNING	

**Please choose one option below for payment of tuition for the upcoming school year:**

- ☐ **OPTION 1 - 5%** A SINGLE PAYMENT RECEIVED ON OR BEFORE JULY 1 WILL RECEIVE A 5% DISCOUNT ON TUITION ONLY. THE SINGLE PAYMENT PLAN INCLUDES TUITION AND ALL FEES.

***A SINGLE PAYMENT AFTER JULY 1 FORFEITS THE 5% DISCOUNT.***

- ☐ **OPTION 2** THE FIRST PAYMENT IS DUE JULY 1. THE SECOND PAYMENT IS DUE ON DECEMBER 1.

- ☐ **OPTION 3** TWELVE MONTHLY PAYMENTS MADE BY WAY OF AN AUTOMATIC BANK DRAFT OR CREDIT CARD. PAYMENTS FOR TUITION AND ALL FEES ARE BUDGETED OVER 12 MONTHS WITH THE FIRST PAYMENT BEING IN JULY. PAYMENTS MAY BE MADE ON EITHER THE 5<sup>TH</sup> OR THE 20<sup>TH</sup> OF THE MONTH.

**ADDITIONAL INFORMATION:**

1. **A BUYOUT WILL NEVER BE ASSUMED.** YOU MUST CHECK ABOVE IF YOU WOULD LIKE A FUNDRAISING BUYOUT.
2. **EVERY FAMILY MUST HAVE A FACTS ONLINE ACCOUNT, REGARDLESS OF PAYMENT METHOD.** ONLY ONE ACCOUNT PER FAMILY IS NEEDED. PLEASE LOG ON TO <https://online.factsmgt.com/signin/3NW4G> AND FOLLOW THE INSTRUCTIONS TO SET UP YOUR ACCOUNT.
3. IF A STUDENT WITHDRAWS DURING THE SCHOOL YEAR, THE PARENT/GUARDIAN WILL BE BILLED TUITION AND FEES CORRESPONDING TO THE NUMBER OF QUARTERS THE STUDENT WAS ENROLLED (NOT NECESSARILY ATTENDED OR COMPLETED).
4. IF A STUDENT'S TUITION BALANCE IS NOT CURRENT, THE STUDENT WILL NOT BE PERMITTED TO START A NEW SEMESTER UNTIL THE TUITION ACCOUNTS ARE BROUGHT UP TO DATE.
5. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE FINANCE OFFICE AT (610) 868-1431 EXT 129 or 132.
6. BY AFFIXING YOUR SIGNATURE, YOU ARE STATING THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION PRESENTED ABOVE. YOU ACKNOWLEDGE YOUR FINANCIAL RESPONSIBILITY TO NOTRE DAME HIGH SCHOOL FOR TUITION AND FEES FOR ALL QUARTERS FOR WHICH YOU HAVE STUDENTS ENROLLED.

\_\_\_\_\_  
**PARENT OR GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

# **Notre Dame High School**

**3417 Church Road**

**Easton, PA 18045**

**Phone: 610 868-1431**

## **IDEIA Form**

**Notre Dame High School, Inc.**

**Student Name: \_\_\_\_\_ (Please Print)**

**Each year the Intermediate Unit in PA is required by Federal Law (IDEIA) to assist in the identification of students with special needs who are attending private schools. We seek your permission to share the information that our school has on file concerning the identification of your child as a student with special needs.**

**This communication and resulting application to the State of Pennsylvania could result in additional funds to the Intermediate Unit to assist private schools in limited services and consultation to parents and teachers where these students are enrolled.**

***I grant my permission to share testing data and pertinent information with the Intermediate Unit of PA for the purpose of student identification for Equitable Participation Benefits.***

\_\_\_\_\_  
***Parent (Guardian) Signature***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Parent (Guardian) Signature***

\_\_\_\_\_  
***Date***