



NOTRE DAME JR./SR. HIGH SCHOOL

60 Spangenburg Avenue
(570) 421-0466

East Stroudsburg, PA 18301
(570) 476-0629 FAX

Website: www.ndhigh.org
Email: admissions@ndhigh.org

APPLICATION FOR ADMISSIONS

FULL NAME OF STUDENT: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

PRIMARY ADDRESS: _____
ADDRESS CITY, STATE ZIP CODE

HOME PHONE: _____ PRIMARY EMAIL: _____

GENDER: MALE _____ FEMALE _____ ETHNICITY: _____

PREFERRED NAME: _____

FAMILY BACKGROUND INFORMATION

Parents are: ___ Married ___ Separated ___ Divorced ___ Re-Married ___ Single

Student lives with: ___ Parents ___ Relatives ___ Guardian(s) ___ Other _____

Is either parent deceased? YES NO If YES, please specify _____

Mother/ Female Guardian:

Name: _____

Address: _____
(if different from address above)

Home Phone: _____ Cell Phone: _____

Email Address: _____

Occupation: _____

Business Phone: _____

Father/ Male Guardian:

Name: _____

Address: _____
(if different from address above)

Home Phone: _____ Cell Phone: _____

Email Address: _____

Occupation: _____

Business Phone: _____

Student's Present School: _____

Public or Private School
Please circle one

Your signature below expresses your intent to apply for admission to Notre Dame Jr./Sr. High School and holds the information provided in the application to be valid.

Signature of Applicant _____

Date _____

Signature of Parents or Guardians _____

Date _____

Signature of Person Responsible for Tuition _____

Date _____