



NOLAN CATHOLIC HIGH SCHOOL

NEW STUDENT 2010-2011 APPLICATION FOR ADMISSION

This form is only an **Application for Admission**. It should not be considered as registration for Nolan Catholic High School. Admission is contingent upon review of the student's transcript, standardized test scores, conduct, attendance, the placement test and all prior academic data. The final decision on the admission of a student is determined by the Admissions Committee.

Today's Date _____ Applying for Grade _____ Sex M F
(Month / Day / Year)

Student's Legal Name _____
First Middle Last

Student resides at _____
Street Address

_____ ()
City State Zip Code Home Telephone Number

Date of Birth _____ Student's E-mail Address _____
(Month / Day / Year)

School currently attending _____	Years attended _____	Phone _____
(Please provide address)		
Address _____	City _____	State _____ Zip Code _____

Other schools attended _____

Have you ever been suspended or expelled from any school? _____

If yes, give reason _____

Religious denomination _____ Parish (if Catholic) _____

Student resides with (**Print Name(s) on the line below**):

Please check one: Parents Mother Father Mother/Stepfather Father/Stepmother Grandparents Guardian

Father's Name _____ Mother's Name _____

NCHS Graduate? Class of _____ NCHS Graduate? Class of _____

Work Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Cell Phone Number _____

E-mail Address _____ E-mail Address _____

Please list any siblings currently attending Nolan Catholic

Name	Brother/Sister	Grade/Level
1) _____	_____	_____
2) _____	_____	_____

Please list any relatives who are Nolan Catholic graduates

First Name	Maiden	Last Name	Relationship	Year of Graduation	E-mail Address
1) _____					
2) _____					
3) _____					

HONORS AND ACTIVITIES

What honors or awards have you received? (academic, church, music, art, drama, scouting, athletics, etc.)

What are your hobbies, interests, and extracurricular activities?

How did you hear about Nolan Catholic? Parish Advertisement Catholic Grade School Web Site Word of Mouth
 Other _____ *Please check all that apply.*

Parent/Guardian Signature

Date

*Incoming freshmen must take the Admissions/Placement test.
This year's test date is Saturday, Jan. 16, 2010, on the NCHS campus.*

Please complete all of the above information and return the application with the \$50 non-refundable application fee to:

**Office of Admissions
Nolan Catholic High School
4501 Bridge Street
Fort Worth, TX 76103-1198**

Please be advised that the Application for Admission cannot be processed until all information is complete.

Questions? Please contact Maureen Barisoniek, director of Admissions, at 817-395-0245.

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Date Received _____

Fee Paid: Cash _____ Check # _____