

Please list any medication your child takes on a regular basis _____

Please explain any extenuating circumstances of which the school should be aware: _____

Why do you want your child to attend Notre Dame Academy?

What do you value most about your child's education?

For those applying to middle school, please have the student answer the following questions:

Why do you want to attend Notre Dame Academy?

What do you see as your greatest gift?

STATEMENT OF ACCURACY AND AUTHENTICITY

I certify that the information on this application is complete and accurate to the best of my knowledge. I agree to communicate to Notre Dame Academy in writing, any changes to the above information, even if such changes occur after enrollment. I understand that should a substantial inaccuracy be discovered, Notre Dame Academy reserves the right to revoke admission to the school.

Signature of Parent/Guardian completing application _____