

BROTHER MARTIN HIGH SCHOOL

Brothers of the Sacred Heart - Since 1869



Mission Statement

The mission of Brother Martin High School is to form young people through a holistic education that fosters academic excellence in a caring, disciplined community which integrates Catholic tradition and the charism of the Brothers of the Sacred Heart to meet the needs of a changing world.

APPLICATION FOR ADMISSION

FOR SCHOOL USE ONLY

DATE _____

(Please type or print all information in ink)

APPLICANT'S NAME _____ KNOWN AS _____
First Middle Last

APPLICANT'S PRIMARY ADDRESS _____
Address City State Zip

DATE OF BIRTH ____/____/____ AGE ____ PLACE OF BIRTH _____
Month Day Year City State

SOCIAL SECURITY NUMBER ____ - ____ - ____ APPLYING FOR: _____ GRADE _____

STUDENT EMAIL _____ STUDENT CELL _____

SCHOOL PRESENTLY ATTENDING _____

PREVIOUS SCHOOLS ATTENDED _____ GRADE(S) _____

_____ GRADE(S) _____

APPLICANT'S RELIGION _____

CHURCH PARISH _____

MOTHER _____

ADDRESS _____

HOME PHONE (____) _____ CELL (____) _____

EMAIL _____

FATHER _____

ADDRESS _____

HOME PHONE (____) _____ CELL (____) _____

EMAIL _____

APPLICANT LIVES WITH Both Parents Mother Only Father Only Legal Guardian

Stepmother/Father Stepfather/Mother

CHECK IF APPLICABLE Parents separated Father deceased Mother deceased

Parents divorced Father remarried Mother remarried

STEPMOTHER/LEGAL GUARDIAN _____

ADDRESS _____

HOME PHONE (____) _____ CELL (____) _____

EMAIL _____

STEPFATHER/LEGAL GUARDIAN _____

ADDRESS _____

HOME PHONE (____) _____ CELL (____) _____

EMAIL _____

• NAME OF PARENTS/LEGAL GUARDIAN:	HIGH SCHOOL ATTENDED	COLLEGE ATTENDED	DEGREE
FATHER	1.	2.	
MOTHER	1.	2.	
LEGAL GUARDIAN	1.	2.	

• PARENTS/LEGAL GUARDIAN EMPLOYMENT INFORMATION:

	Company Name	Position/Department	Phone (Work/Cell)
FATHER			/
MOTHER			/
LEGAL GUARDIAN			/

• Is your father/step-father/legal guardian an alumnus of St. Aloysius, Cor Jesu or Brother Martin? If yes, circle the school and indicate year of graduation _____ .

• Other immediate relatives (Grandfather(s), Uncle(s)) who are alumni of St. Aloysius, Cor Jesu or Brother Martin. If yes, indicate name, school and year of graduation: _____

• NAME OF BROTHERS AND SISTERS:

Name	Grade Level	Date of Birth	Brother Martin/ Graduation Year	School Now Attending

Has applicant ever been dismissed or put on probation from any school? Yes___ No___

If yes to either, please explain: _____

Organizations/Activities in which applicant is currently active: _____

What influenced you to apply to Brother Martin? _____

**ATTACH CURRENT
 PHOTO**
*Application Incomplete
 Without Photo*

How did you first learn of Brother Martin? *Check all that apply.*
 ___ Legacy ___ Friends ___ Open House ___ Crimson & Gold Night
 ___ School Tours ___ Home Visits ___ Information Night ___ Crusader Discovery Night

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HEALTH RECORD



FOR SCHOOL USE ONLY

STUDENT'S NAME _____
First Middle Last

DATE OF BIRTH _____ PRESENT AGE _____ WEIGHT _____ HEIGHT _____
Month Day Year

ADDRESS _____ HOME PHONE _____ PARENT'S BUSINESS PHONE _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY _____

ADDRESS _____ RELATIONSHIP _____ PHONE _____

FAMILY PHYSICIAN(S) _____

ADDRESS _____

HOSPITAL OF PREFERENCE _____ PHYSICIAN'S PHONE _____

HAS YOUR SON EVER HAD THE FOLLOWING:

CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO
Allergies, food, drug, other	<input type="checkbox"/>	<input type="checkbox"/>	Nervous or Mental Disease	<input type="checkbox"/>	<input type="checkbox"/>	Ear Disease, mastoid, etc.	<input type="checkbox"/>	<input type="checkbox"/>	Skin Disease	<input type="checkbox"/>	<input type="checkbox"/>
Anemia or other blood disease	<input type="checkbox"/>	<input type="checkbox"/>	Pilonidal Cyst	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Ulcer, Stomach or Duodenal	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	Vertigo (Dizziness) or Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	Rupture or Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>
			Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	Sinus Disease	<input type="checkbox"/>	<input type="checkbox"/>			

(If no, varicella vaccine required)

IF YES, OR ANY OTHER DISEASE (except usual childhood diseases), GIVE DETAILS _____

CHECK EACH ITEM "YES" OR "NO"

- | | | |
|---|--------------------------|--------------------------|
| 1. HAS YOUR SON EVER HAD A HEAD INJURY, HEAT STROKE, HEAT EXHAUSTION OR HEAT CRAMPS? | YES | NO |
| 2. HAS YOUR SON EVER BEEN UNABLE TO TAKE PHYSICAL EDUCATION OR PARTICIPATE IN SPORTS BECAUSE OF HIS HEALTH? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. HAS YOUR SON EVER HAD A SERIOUS INJURY OR OPERATION? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. HAS YOUR SON USED THE SERVICES OF A PSYCHOLOGIST, PSYCHIATRIST OR OTHER MENTAL HEALTH PERSONNEL OR CLINIC? | <input type="checkbox"/> | <input type="checkbox"/> |

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:

PLEASE LIST DRUGS TO WHICH YOUR SON IS ALLERGIC: _____

UPON HIS REQUEST, THE SCHOOL HAS PERMISSION TO GIVE MY SON ACETAMINOPHEN (GENERIC TYLENOL). YES NO

In the case of an emergency and I am not available, I grant permission to the school representative to obtain emergency medical attention. YES NO

I CERTIFY THAT THE ABOVE IS CORRECT _____
(Parent's or Legal Guardian's Signature) (Date)

IMPORTANT: If there are any health problems requiring modification of the student's school program (academic or physical activities), an additional note may be sent to the school or arrangements made for a conference with the Guidance Counselor.

(OVER)



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ACADEMIC RECORDS TO BE INCLUDED WITH THE APPLICATION

Your son's cumulative elementary school record which includes: current first quarter report card, transcripts, and standardized test scores for the last three years. These items will be automatically sent to Brother Martin High School with the official archdiocesan application form distributed by, and returned to, Catholic elementary school principals, if your son is applying for the **8th grade**. However, if your son attends a private or public elementary school, you will have to request these items from the school(s) and submit them to Brother Martin yourself.

For a student's application to be considered, we must have the above academic records before your son comes for his assigned interview.

Please return the application form to:

Brother Martin High School
Admissions Office
4401 Elysian Fields Ave.
New Orleans, LA 70122

BIRTH CERTIFICATE

Please attach A LEGIBLE COPY of the student's birth certificate to the Application for Admission. DO NOT SUBMIT THE ORIGINAL CERTIFICATE; the copy need not be certified.

Brother Martin High School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and financial aid program, and athletics and other school administered programs. As facilities are limited, acceptance cannot be guaranteed to all who apply.