Bishop McLaughlin Catholic High School

Est. 2003
13651 Hays Road
Spring Hill, Florida 34610

Application Procedure Checklist

Thank you for your interest in Bishop McLaughlin Catholic High School. Our admissions process is designed to identify the abilities of our applicants and determine how they will add to the Bishop McLaughlin community. The application process consists of several parts, all of which must be completed in order for a candidate to receive consideration.

All Candidates:

- ____ Application
  - Parent/Guardian signature required
  - Send to Bishop McLaughlin Catholic High School

- ____ Records Release Form (Submit to your current school)
  - Parent/Guardian signature required
  - Copies of report cards / standardized tests accepted for application
    Note: Official records will be requested upon registration

- ____ Confidential Recommendation Forms (English, Mathematics & Principal)
  - Fill in the top section and submit directly to current school
  - Ask the current school to send student records, standardized test results and the completed Recommendation Form to BMCHS as soon as possible (unofficial records are acceptable)

- ____ Application Fee: $75
  - Fee must be paid online at http://www.bmchs.com/online-payment/ **OR** accompany application
  - Check is to be made payable to **BMCHS (**Please identify student name on check.)
  - No additional fee for admission entrance exam

Freshman Testing Dates: (Please select below or reserve space for exam online.)

- Saturday, Nov. 5, 2016 ___ Saturday, Dec. 10, 2016 ___ Saturday, Jan. 21, 2017 ___

  For those needing Extended Time for Testing (Copies of the support plan to be provided prior to date of test you must take the test on January 21, 2017.)

- Please arrive by 8:15 a.m. (Student must have application on file to take the test)
- Testing completed by Noon; Extended Time completed by 1:30 p.m.

Notification of Acceptance:

- First round of Notification letters mailed from Bishop McLaughlin early February of 2017
- Second round of Notification letters mailed from Bishop McLaughlin early March of 2017

Bishop McLaughlin Catholic High School does not discriminate on the basis of race, color, religious affiliation, national, or ethnic origin.

Please keep this Checklist for your own records

Bishop McLaughlin Catholic High School

Est. 2003
13651 Hays Road
Spring Hill, Florida 34610

Application Fee: $75.00
Please make checks payable to BMCHS

Application for Admission

Applicant's Current Grade Level _____ *Check One:* ___ Male ___ Female

STUDENT INFORMATION

Student's Name: _____
(Last) (First) (Middle)

Student's Address: _____
(Street) (City, State) (Zip)

Date of Birth _____/_____/_____ Social Security ____-___-_____ Home phone: (____) _____

School Currently Attending: _____

School's Address: _____
(Street) (City, State) (Zip)

School Phone Number: _____

Religious Affiliation: _____

Name of Parish/Church in which family is registered: _____

How Did you Hear about BMCHS?: _____

Student lives with (circle one): Both Parents Mother Father Guardian _____
(*Relationship*)

INFORMATION FOR FATHER

Father/Male Guardian: _____
(First Name) (Last Name)

Address (if different from student): _____

_____

Work Phone: (___) _____ Cell Phone: (___) _____ Email Address: _____

INFORMATION FOR MOTHER

Mother/Female Guardian: _____
(First Name) (Last Name)

Address (if different from student): _____

_____

Work Phone: (___) _____ Cell Phone: (___) _____ Email Address: _____

Student's Name: _____
(Last) *(First)*

Has your child ever been evaluated for learning difficulties? ____ Yes ____ No

Has your child ever been diagnosed with any type of learning disability? ____ Yes ____ No

If Yes, describe: _____

Does your child have an active I.E.P. Plan? ____ Yes ____ No

If Yes, describe disability: _____

Does your child have an active 504 Plan? ____ Yes ____ No

If Yes, describe accommodations: _____

Has your child ever been evaluated for placement in any exceptional education programs?
____ Yes ____ No ____ Gifted

Does the student have any illness, disease, physical disabilities for which accommodations must be made?

____ Yes ____ No

If yes, please describe:

_____

_____

Has your child ever been involved in any serious behavioral activities requiring disciplinary action, such as in, or out, of school suspension? ____ Yes ____ No

Has your child ever been involved in any criminal activities requiring disciplinary action?
____ Yes ____ No

Please note: If you answer yes to any of the above questions, you must submit the written documentation in order for the application to be processed.

Please notify BMCHS immediately if any information contained in this form changes.

I verify that all the information which has been provided on this application for admission to Bishop McLaughlin Catholic High School is accurate to the best of my knowledge.

Parent/Guardian Signature: _____ **Date** _____/_____/_____

Parent/Guardian Signature: _____ **Date** _____/_____/_____

Admissions Test (Only for incoming 9th graders):
These test dates are at Bishop McLaughlin Catholic High School. Please arrive by 8:15 a.m. so testing can begin promptly at 8:30 a.m. Testing completed by Noon. Check one of the dates listed below to register for the exam.

Saturday, Nov. 5, 2016 ___ Saturday, Dec. 10, 2016 ___ Saturday, Jan. 21, 2017 ___

(NOTE: Students requiring extended time for testing must take test on January 21, 2017. A copy of the student's IEP or 504 Plan must be provided in order to accommodate extended time testing.)

Name of School and Date of Testing if taking entrance exam at a location other than Bishop McLaughlin CHS:

_____

Student's Name: _____

(Last) *(First)*

Please Attach Picture of Student

PICTURE

This section is to be completed by the prospective student in his/her own handwriting.

Why would you like to attend Bishop McLaughlin Catholic High School?

_____

_____

_____

_____

_____

_____

_____

What is your favorite subject in school? Why?

_____

_____

_____

_____

_____

_____

_____

Please list your extracurricular or community activities. ***(Include volunteer work, jobs, Parish involvement, athletics, hobbies, etc.)***

1) ***4)***
2) ***5)***
3) ***6)***

Siblings who attend(ed) BMCHS: _____ _____
(name / graduation year) (name / graduation year)

_____ _____
(name / graduation year) (name / graduation year)

Student Signature: _____ **Date:** _____