Bishop McLaughlin Catholic High School

Est. 2003
13651 Hays Road
Spring Hill, Florida 34610

Application Procedure Checklist for Transfer Students

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.

REQUIRED DOCUMENTS:

- ____ 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

- ____ 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.)

Transfer Applicants:

- ____ Letter of Good Standing signed by an Administrator of former school
- ____ Current academic records for 2 years (must include the report cards and all standardized test scores **OR** the student's unofficial transcript)

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** _____/_____/_____

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:** _____

School Phone: 727-857-2600 School Fax: 727-857-2610 School Website: www.bmchs.com

08/2016