



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'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)

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

Address (if different from student): _____

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

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

Address (if different from student): _____

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

STUDENT INFORMATION

INFORMATION FOR FATHER

INFORMATION FOR MOTHER

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 at a school?
_____ Yes _____ No

Has your child ever been arrested?
_____ 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.)

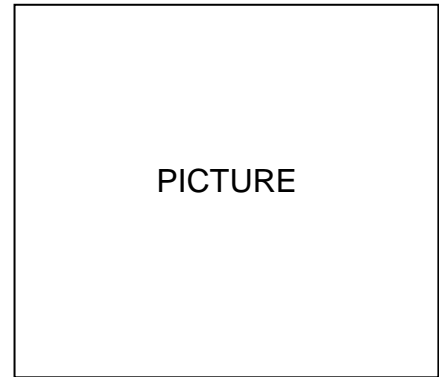
Name of School and Date of Testing if taking entrance exam at a location other than Bishop McLaughlin CHS:

Student's Name: _____

(Last)

(First)

Please Attach Picture of Student



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)
- 2)
- 3)

- 4)
- 5)
- 6)

Siblings who attend(ed) BMCHS:

_____ (name / graduation year)

_____ (name / graduation year)

_____ (name / graduation year)

_____ (name / graduation year)

Student Signature: _____ **Date:** _____



Bishop McLaughlin Catholic High School

Current English Teacher Recommendation Form

To the Parents of the Applicant:

(Complete this section and forward to your child's school.)

Please forward this recommendation form to your child's English Teacher at their current school. To ensure a candid assessment of your child's performance, we ask you to sign the waiver statement below:

I understand that this recommendation is confidential and I hereby waive any rights I may have to review its contents.

Student Name: _____ Student Signature: _____

Parent Signature: _____ Date: _____

Parent Phone Number: _____ Parent Email: _____

To the Recommender:

The student listed above is seeking admission to Bishop McLaughlin Catholic High School (BMCHS) and your thoughtful and candid evaluation of this student is invaluable to our Admissions Committee. The information you provide will be held in strict confidence.

Please contact the Admissions Office at 727-857-2620 with any questions.

Teacher Name: _____ Course Name: _____

Textbook Used: _____ Length of Time you have Known Student: _____

Has the student experienced any significant discipline problems in your class and if so, please explain: _____

ACADEMIC QUALITIES	EXCELLENT	AVERAGE	BELOW AVERAGE	COMMENTS
Ability to reason abstractly				
Academic performance				
Attitude toward English				
Commitment to homework				
Initiative				
Intellectual curiosity				
Oral expression				
Organizational ability				
Participation in class				
Student habits				
Written expression				

PERSONAL QUALITIES	EXCELLENT	AVERAGE	BELOW AVERAGE	COMMENTS
Ability to work cooperatively				
Creativity				
Honesty/integrity				
Leadership				
Maturity (relative to age)				
Reaction to criticism				
Receptivity to others' ideas				
Relationship with teachers				
Responsibility				
Self-confidence				
Self-discipline				
Sense of humor				
Sensitivity to others' feelings				

I recommend this student for Admission to BMCHS: With Confidence _____ With Reservation _____ I Do Not Recommend _____

Teacher Signature: _____ Date: _____

School: _____ Email: _____

Thank you for your time in providing honest feedback on this student. If you have additional comments, please use the reverse side of this form. Please return this form and any supporting documents to Bishop McLaughlin Catholic School, Attn: Enrollment Director, 13651 Hays Road, Spring Hill, FL 34610. You may also email to khintonscott@bmchs.com, or fax to (727) 857-2610.



Bishop McLaughlin Catholic High School

Current Mathematics Teacher Recommendation Form

To the Parents of the Applicant:

(Complete this section and forward to your child's school.)

Please forward this recommendation form to your child's Math Teacher at their current school. To ensure a candid assessment of your child's performance, we ask you to sign the waiver statement below:

I understand that this recommendation is confidential and I hereby waive any rights I may have to review its contents.

Student Name: _____ Student Signature: _____

Parent Signature: _____ Date: _____

Parent Phone Number: _____ Parent Email: _____

To the Recommender:

The student listed above is seeking admission to Bishop McLaughlin Catholic High School (BMCHS) and your thoughtful and candid evaluation of this student is invaluable to our Admissions Committee. The information you provide will be held in strict confidence.

Please contact the Admissions Office at 727-857-2620 with any questions.

Teacher Name: _____ Course Name: _____

Textbook Used: _____ Length of Time you have Known Student: _____

Has the student experienced any significant discipline problems in your class and if so, please explain: _____

ACADEMIC QUALITIES	EXCELLENT	AVERAGE	BELOW AVERAGE	COMMENTS
Ability to reason abstractly				
Academic performance				
Attitude toward math				
Commitment to homework				
Initiative				
Intellectual curiosity				
Oral expression				
Organizational ability				
Participation in class				
Student habits				
Written expression				

PERSONAL QUALITIES	EXCELLENT	AVERAGE	BELOW AVERAGE	COMMENTS
Ability to work cooperatively				
Creativity				
Honesty/integrity				
Leadership				
Maturity (relative to age)				
Reaction to criticism				
Receptivity to others' ideas				
Relationship with teachers				
Responsibility				
Self-confidence				
Self-discipline				
Sense of humor				
Sensitivity to others' feelings				

I recommend this student for Admission to BMCHS: With Confidence _____ With Reservation _____ I Do Not Recommend _____

Teacher Signature: _____ Date: _____

School: _____ Email: _____

Thank you for your time in providing honest feedback on this student. If you have additional comments, please use the reverse side of this form. Please return this form and any supporting documents to Bishop McLaughlin Catholic School, Attn: Enrollment Director, 13651 Hays Road, Spring Hill, FL 34610. You may also email to khintonscott@bmchs.com, or fax to (727) 857-2610.

Bishop McLaughlin Catholic High School

WWW.BMCHS.COM



Principal Recommendation Form

Please print information clearly

To the Parents of the Applicant:

Please forward this recommendation form to the Principal in your child's current school. To ensure a candid assessment of your child's performance, we ask you to sign the waiver statement included below.

I understand that this recommendation is confidential and I hereby waive any rights I may have to review its contents.

Student Name: _____

Home Phone Number: _____

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

Parent Email Address: _____

To the Principal:

Please check the appropriate recommendation for the family of the student applying for admission to Bishop McLaughlin Catholic High School. Thank you for your cooperation and invaluable information.

_____ This family is supportive of the mission and values of Catholic Education.

_____ This family has not been supportive of the mission and values of Catholic Education.

_____ This family is involved in the student's education and academics.

_____ This family is supportive in the mission and beliefs of the school.

_____ This family is involved in our school's parent community

_____ This family is current in their financial obligation to the school.

Have any modifications been made in this student's academic program?

Yes _____ No _____

If yes, what modifications? _____

Name of School: _____

Name of Principal: _____ Signature: _____

If you wish to make additional comments, please use the reverse side of this form.

We appreciate your time in the completion of this form. Thank you.

Please Mail To: Enrollment Director, Bishop McLaughlin Catholic High School, 13651 Hays Road, Spring Hill, FL 34610



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Records Release Form

**This release will allow Bishop McLaughlin C.H.S. to receive records and test scores to assist in evaluation for admissions.
(Please Turn in to Current School's Records Office)**

Student's Name: _____ Birth Date: _____

Please submit this form to your current school's guidance/registrar office.

I hereby authorize _____ to release
(Name of school/ address student attended in grades 6-9.)
to Bishop McLaughlin Catholic High School all pertinent academic information (standardized test results, student's school records, including grades and support plans), any academic diagnostic testing (concerning learning disabilities) and any other information deemed appropriate. I also waive my right of access to confidential statements as defined by the Family Educational Rights and Privacy Act of 1974.

I authorize _____ to release
(Name of school where placement / entrance exam was taken if other than BMCHS)

high school placement test scores to Bishop McLaughlin Catholic High School

Parent/Guardian signature: _____ Date: _____

Records to be sent to:
Kathy J. Hinton-Scott
Bishop McLaughlin Catholic High School
13651 Hays Road
Spring Hill, Florida 34610

For incoming 9th graders, please include:

- **Report Cards: from Sixth, Seventh and Eighth Grade years
- **Standardized Testing: from Sixth, Seventh and Eighth Grade years