



# 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 9<sup>th</sup> 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.)**

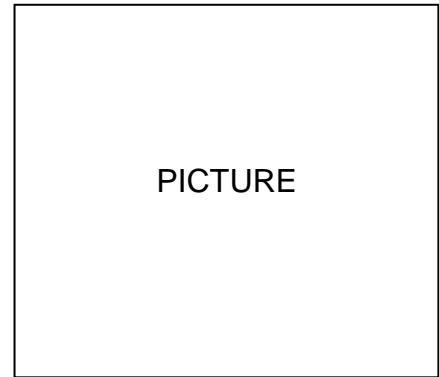
Name of School and Date of Testing if taking entrance exam at a location other than Bishop McLaughlin CHS:

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?**

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**What is your favorite subject in school? Why?**

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**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:** \_\_\_\_\_