



# 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 applicationNote: 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**



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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 INFORMATION

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: \_\_\_\_\_

INFORMATION FOR FATHER

Mother/Female Guardian: \_\_\_\_\_  
*(First Name) (Last Name)*

Address (if different from student): \_\_\_\_\_  
\_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

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.**

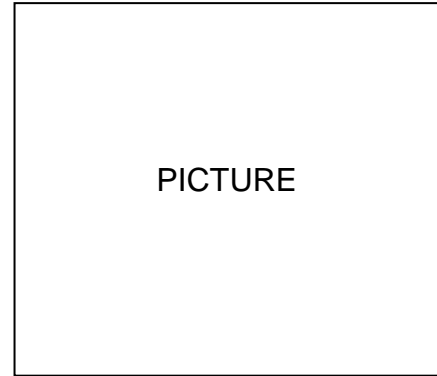
**I verify that all the information which has been provided on this application for admission to Bishop McLaughlin Catholic High School is accurate to the best of my knowledge.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

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) | 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:** \_\_\_\_\_

# Letter of Good Standing

Date: \_\_\_\_\_

This is to advise that \_\_\_\_\_ is currently enrolled as a full-time student at \_\_\_\_\_ (S) He has attended our school since \_\_\_\_\_ and is in good standing.

Absences: \_\_\_\_\_

Discipline Incidents: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have any questions, please feel free to contact \_\_\_\_\_.

School Name: \_\_\_\_\_

School Address \_\_\_\_\_

School Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Domine, dirige nos

BISHOP McLAUGHLIN CATHOLIC

**Please return completed form to Bishop McLaughlin Catholic High School, 13651 Hays Road, Spring Hill, FL 34610. Mark to the attention of Kathy Hinton-Scott, Director of Enrollment. All information will be held in strict confidence. If there are questions, please contact our Admissions Department at (727) 857-2600, Ext. 244. Thank you for your cooperation on this matter.**



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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 transfer students, please include:** Report cards and testing for the Eighth Grade and all high school years, **along with a letter of Good Standing** signed by an Administrator from current school.