

Application for Admission in Fall 2010

The Catholic High Schools of the Diocese of Buffalo

Catholic schools in the Diocese of Buffalo shall not discriminate on the basis of

race, sex (unless a single sex school), color, national and ethnic origin, and age (in accordance with the law).

Instructions-Parents/Guardians: Complete and sign **Section A** and return the entire form to the applicant's present school by **Friday, October 23, 2009**. Please remember that **each applicant should take the ADMISSION EXAM at his/her FIRST CHOICE school on Saturday, November 21, 2009, at 8:30 a.m.**

Instructions-Elementary School Personnel: Upon receipt of this form, please forward the **WHITE** half sheet to the First Choice school and the **YELLOW** half sheet to the Second Choice school no later than **November 9, 2009**. (see reverse side for addresses)

At the end of the first grading period, please complete **Section B**, and mail the **WHITE** (full page) copy to the First Choice school and the **YELLOW** (full page) copy to the Second Choice school no later than **December 4, 2009**.

Section A - To be completed by parent/guardian. Please type or print (Please use a ball point pen to complete the application. Please press firmly and make sure information appears legibly on each of the four sheets.)

First Choice High School _____ Second Choice High School _____

Applicant's Name _____ Male _____ Date of Birth _____
Last First M.I. Month Day Year

Applicant's Address _____ Telephone _____ - _____
No. & Street City/Town Zip Code

Current Elementary/Middle School _____ Cell Phone _____ - _____

Public School District _____ Parish / Church _____

Father's Name _____ (Mr., Dr.) Mother's Name _____ (Mrs., Ms., Miss., Dr.)

Student is living with: Both parents Mother only Father only
 Father and stepmother Mother and stepfather

If other: _____
Name of Guardian Relation to Student

By signing this application, I agree that this information may be shared among the Catholic Schools considering my son/daughter.

Parent/Guardian Signature _____ Date _____

E-mail Address _____

SECTION B - To be completed by current elementary/middle school personnel

Grades	Religion	Reading	Lang. Arts	Math	Soc. Studies	Science	Health	Music	Art	For. Lang (please specify)
Grade 6										
Grade 7										
Grade 8										

COGAT	
Name	_____
Score or SAS:	_____
Date:	_____

Attendance		
Grade	7	8
Days Absent		
Times Late		

Accelerated Courses: Algebra Biology Earth Science Foreign Language

Standardized Tests (required information)

Please note if any unusual forms or data tables were used for the applicant. (NPR: National %ile Rank)

Test Name	Total Reading—NPR	Total Writing—NPR	Total Math—NPR	Total Battery—NPR
Name:				
Date:				

Recommendation

Based on your experience with this student, please rate him/her using:

A = Excellent; B = Above Average; C = Average; D = Poor (Please note additional comments below)

** How long have you known the applicant?	A	B	C	D
Effort				
Written Communication				
Creativity				
Responsibility				

Academic Potential	A	B	C	D
Respect for Others	A	B	C	D
Self-discipline	A	B	C	D

Signature _____ Position _____ Date _____