

Application for Admission in Fall 2011

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 22, 2010**. Please remember that **each applicant should take the ADMISSION EXAM at his/her FIRST CHOICE school on Saturday, November 20, 2010, at 8:30 a.m.** • There is a \$20 fee payable the day of the exam.

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 10, 2010**. See reverse 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 3, 2010**.

Section A Parent/Guardian: Please type or print firmly using a ball point pen and make sure information is legible on each of the four sheets. Sending in this application automatically registers your child for the exam at his/her first choice school.

First Choice High School _____ Second Choice High School _____

Applicant's Name _____
Last First M.I.

Male Female Date of Birth _____
Month Day Year

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

Telephone _____ - _____

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 Current elementary/middle school personnel: please attach transcript or fill in information below.

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	ELA		Math		Total Battery—NPR	Other
Name:	Raw	Level	Raw	Level		
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				

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

Signature _____ Position _____ Date _____

Please print name _____