



Bishop Fenwick High School

4855 State Route 122, Franklin, OH 45005

(513) 428-0525 Fax (513) 727-1501 www.fenwickfalcons.org

APPLICATION FOR ADMISSION 2015-2016 SCHOOL YEAR

APPLICATION CHECK LIST (a detailed description of these activities and registration information is described on our website)

- Optional* Schedule a **Shadow Day** to experience a day in the life of a Falcon.
- Optional* **High School Placement Test PREP CLASS** is held on Saturday, October 4 or Saturday October 25. Fee is \$60.
- Optional* Attend **Bishop Fenwick Open House** on November 9, 2014.
- Register for and take the **High School Placement Test** scheduled for Saturday, November 22, 2014. Test Fee is \$30.
- Complete **Admissions Application** form and return it to Bishop Fenwick High School by November 24, 2014. Top prioritization of acceptance is given to those students who have completed the Admissions Application by the November 24, 2014 deadline.

Mailing Address: Bishop Fenwick High School c/o Admissions 4855 State Route 122 Franklin, OH 45005	Contact: Regina Stugmyer, Admissions Administrative Assistant (513) 423-0723 x219 rstugmyer@fenwickfalcons.org
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- Sign the **Release of Records** form on the back so Bishop Fenwick High School can submit this to your child’s elementary school to obtain elementary school records.
- Should you desire to apply for tuition assistance, please complete the **Bishop Fenwick Tuition Assistance Application Form** and return directly to Bishop Fenwick by November 24, 2014. You will also need to complete the FACTS Grant and Aid Application form found on our website and mail it directly to FACTS with their fee and with a postmark date no later than November 24, 2014. Parents submitting the PSAS application by November 24, 2014 and who qualify for assistance will receive notification in January as to how much tuition assistance they will receive.
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- January 9, 2015 - Acceptance Letters, results of the High School Placement Test, registration forms, and tuition assistance letters are mailed.
- Optional* Register and attend Bishop Fenwick High School’s **‘Falcon for a Day’** on Friday, January 9, 2015.
- Freshman Registration Day** - Submit Registration on Friday, January 23, 2015 for the Class of 2019.

Admission is contingent upon final review of academic, disciplinary and other records. Admission is finalized after the student’s official grade school records are received at Bishop Fenwick High School.

Student’s Legal Name _____ Incoming Grade _____

Last First Middle

Nickname _____ Male _____ Female _____ Date of Birth _____ (9, 10, 11 or 12)

Current Grade _____ Current School _____ Public School District of Residence _____

Home Address _____

Number Street City State Zip County

Home Phone Number _____ Student Cell Phone _____

Student Email Address _____ Adult Tshirt Size _____ Birthplace _____

Religion of Applicant _____ Home Parish or Church of Applicant _____

Is Applicant a U.S. Citizen? Yes _____ No _____ If no, current U.S. Status _____

Ethnic Background (optional): African American _____ American Indian _____ Asian _____ Caucasian _____ Hispanic _____ Pacific Islander _____

Other _____

Does the applicant have special medical needs? No _____ Yes _____
 Is the applicant on an IEP or 504 Plan? No _____ Yes _____
 Is application receiving any special accommodations? No _____ Yes _____

If YES, applicants MUST provide a current IEP, 504 or Accommodation plan and birth certificate with this application. All materials are kept confidential.

Please list any other previous schools attended:

_____	_____	_____	_____	_____	_____
School	Years	School	Years	School	Years

Describe any special circumstances that may have affected the applicant's performance in school.

Has the applicant ever been suspended, expelled, or asked to withdraw from any school? No _____ Yes _____
 If YES, please explain below or on a separate sheet.

Would you like to apply for financial aid: No _____ Yes _____ If Yes, you can download the application from our website or we can provide you with an application. Do you want us to send you an application? No _____ Yes _____

With whom does the applicant live? (Check one) Please provide a copy of all current custody documents.

Mother and Father _____ Mother only _____ Father only _____ Joint Custody _____

Mother and Stepfather _____ Father and Stepmother _____ Legal Guardian(s) _____

Natural Father's Name _____

(Circle One) Mr. Dr. Other _____

Fenwick Graduate? Yes No Graduation Year: _____

Father's Religion _____

Father's Email Address _____

Father's Cell Number _____

Father's Employer _____

Father's Occupation/Title _____

Work Phone Number _____

Father's Home Address – If different from applicant:

_____	_____	_____
Number	Street	
_____	_____	_____
City	State	Zip

Home Phone Number _____

Stepfather or Stepmother _____
 Name

Legal Guardian _____
 Name Relationship to Applicant

Natural Mother's Name _____

Miss Ms. Mrs. Dr. Other _____ Maiden Name: _____

Fenwick Graduate? Yes No Graduation Year: _____

Mother's Religion _____

Mother's Email Address _____

Mother's Cell Number _____

Mother's Employer _____

Mother's Occupation/Title _____

Work Phone Number _____

Mother's Home Address – If different from applicant:

_____	_____	_____
Number	Street	
_____	_____	_____
City	State	Zip

Home Phone Number _____

Does the applicant have a brother(s) or sister(s) who currently attends, or graduated from Bishop Fenwick High School? No___ Yes___
 Include maiden names where applicable.

Name _____ Graduation Year _____

Name _____ Graduation Year _____

Please list other siblings in family:

Name _____ Grade 2014-15 _____ School _____ Date of Birth _____

Name _____ Grade 2014-15 _____ School _____ Date of Birth _____

Name _____ Grade 2014-15 _____ School _____ Date of Birth _____

Please list any other relatives who have attended Bishop Fenwick High School:

Name	Relationship to Applicant	Graduation Year
_____	_____	_____
_____	_____	_____

For upperclass transfer students only, on a separate sheet of paper please provide the reason for transfer as well as the name of two personal references from your current school that we may contact. These could include teachers, counselors, administrators, etc. Please include their name, phone number and email address.

Remaining sections of this application should be completed by the applicant. Please Print.

Check the letter grade that most accurately describes student's average academic performance during your 8th grade school year:

A+___ A___ A-___ B+___ B___ B-___ C+___ C___ C-___ D+___ D___ D-___

Academic classes of interest: _____

Check the description of your motivation in the classroom during your 8th grade year:

Exceptionally Motivated___ Very Motivated___ Somewhat Motivated___ Not Very Motivated___

Please indicate below the sports and/or other extracurricular activities in which you have an interest.

CLUBS/EXTRACURRICULARS

- | | |
|------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Academic Team | <input type="checkbox"/> Marching Band |
| <input type="checkbox"/> Ambassadors | <input type="checkbox"/> Mock Trial |
| <input type="checkbox"/> Anime Club | <input type="checkbox"/> National Honor Society |
| <input type="checkbox"/> Art Club | <input type="checkbox"/> Ohio Math League |
| <input type="checkbox"/> Drama Club | <input type="checkbox"/> Peer Mentor |
| <input type="checkbox"/> Ecology Club | <input type="checkbox"/> Pep Band |
| <input type="checkbox"/> Fenwick for Life | <input type="checkbox"/> Radio Club |
| <input type="checkbox"/> French Club | <input type="checkbox"/> Ski/Snowboard |
| <input type="checkbox"/> Hi-Y/Youth in Govt | <input type="checkbox"/> Spanish Club |
| <input type="checkbox"/> Jazz Ensemble | <input type="checkbox"/> Student Council |
| <input type="checkbox"/> Key/Mission Club | <input type="checkbox"/> Talon Team/Campus Ministry |
| <input type="checkbox"/> K of C Lady Squires | <input type="checkbox"/> Technology |
| <input type="checkbox"/> K of C Squires | <input type="checkbox"/> Winter Guard |
| <input type="checkbox"/> Latin Club | <input type="checkbox"/> Winter Percussion |
| <input type="checkbox"/> Liturgical Ministries | <input type="checkbox"/> Yearbook |

BOYS ATHLETICS

- Baseball
- Basketball
- Bowling
- Cross Country
- Football
- Golf
- Intramural Basketball
- Lacrosse
- Roller Hockey
- Soccer
- Swimming
- Tennis
- Track & Field
- Volleyball
- Wrestling

GIRLS ATHLETICS

- Basketball
- Bowling
- Cheerleading
- Cross Country
- Dance
- Golf
- Lacrosse
- Soccer
- Softball
- Swimming
- Tennis
- Track & Field
- Volleyball

Other Interests: _____

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Application Deadline is November 24, 2014

**THIS FORM IS PART OF THE APPLICATION FOR ADMISSION AND
MUST BE RETURNED WITH THE APPLICATION TO BISHOP
FENWICK HIGH SCHOOL FOR PROCESSING.**

Bishop Fenwick High School

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RELEASE OF RECORDS

For _____ Date of Birth _____
Name of Student

Attention: **Student Records Department**

Name of School

Address

City, State, Zip Code

(_____) _____
Fax Number

Please release all school records including transcripts, health records, immunization records, discipline and any educational evaluations on file for this student. Please send these records to:

Bishop Fenwick High School
Attention: Antoinette Kroger
4855 State Route 122
Franklin, Ohio 45005

Signature of Parent/Guardian

Date