



# Bishop Fenwick High School

4855 State Route 122, Franklin, OH 45005

(513) 428-0525 Fax (513) 727-1501 [www.fenwickfalcons.org](http://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      Contact: Regina Stugmyer, Admissions Administrative Assistant  
 c/o Admissions      (513) 423-0723 x219  
 4855 State Route 122      rstugmyer@fenwickfalcons.org  
 Franklin, OH 45005
- 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 with a link provided on our website and submit directly to FACTS with their fee no later than November 24, 2014. Parents submitting the FACTS application by November 24, 2014 and who qualify for assistance will receive notification in January as to how much tuition assistance they will receive.
- 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 (9, 10, 11 or 12)

Nickname \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

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 applicant 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

**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 \_\_\_\_\_

\_\_\_\_\_

Relationship to Applicant

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 8<sup>th</sup> 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 8<sup>th</sup> 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**

4855 State Route 122, Franklin, OH 45005  
(513) 428-0525 Fax (513) 727-1501 [www.fenwickfalcons.org](http://www.fenwickfalcons.org)

**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