

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 _____

Stepmother _____

Phone _____

Email _____

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 _____

Stepfather _____

Phone _____

Email _____

Legal Guardian _____
 Name 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 **2015-16** School _____ Date of Birth _____

Name _____ Grade **2015-16** School _____ Date of Birth _____

Name _____ Grade **2015-16** 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"/> National Honor Society |
| <input type="checkbox"/> Ambassadors | <input type="checkbox"/> Ohio Math League |
| <input type="checkbox"/> Anime Club | <input type="checkbox"/> Peer Mentor |
| <input type="checkbox"/> Art Club | <input type="checkbox"/> Pep Band |
| <input type="checkbox"/> Drama Club | <input type="checkbox"/> Radio Club |
| <input type="checkbox"/> Ecology Club | <input type="checkbox"/> Rugby Club |
| <input type="checkbox"/> Fenwick for Life | <input type="checkbox"/> Running Club |
| <input type="checkbox"/> French Club | <input type="checkbox"/> Ski/Snowboard |
| <input type="checkbox"/> Jazz Ensemble | <input type="checkbox"/> Spanish Club |
| <input type="checkbox"/> Key/Mission Club | <input type="checkbox"/> Student Council |
| <input type="checkbox"/> Latin Club | <input type="checkbox"/> Talon Team/Campus Ministry |
| <input type="checkbox"/> Liturgical Ministries | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Liturgical Musicians | <input type="checkbox"/> Winter Guard |
| <input type="checkbox"/> Marching Band | <input type="checkbox"/> Winter Percussion |
| <input type="checkbox"/> Mock Trial | |

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
- Intramural Basketball
- 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 23, 2015

**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

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: Main Office
4855 State Route 122
Franklin, Ohio 45005

Signature of Parent/Guardian

Date