



Application for Admission

Bishop Kearney High School
125 Kings Highway South
Rochester, NY 14617
Phone: 585.342.4000
Fax: 585.342.4694
E-mail: www.bkhs.org

Applicant Information:

Current Grade: _____

Circle One: Male / Female

Applicant's Name: First _____ Last _____ MI _____

Applicant's Age _____ Date of Birth ____/____/____ Home Phone _____

Applicant's Address: _____

City _____ State _____ Zip _____ School District of Residence _____

Is applicant a child of a Bishop Kearney graduate? If yes, please list name(s) of graduate(s), including maiden names if applicable, and the year they graduated.

Has applicant been diagnosed with special learning needs or differences? If yes, please explain and include a copy of the IEP/504 plan with this application.

*Disclosure of this information does not disqualify an applicant for admission. Please be advised, however, that at this time Bishop Kearney offers no special education programs and will accommodate IEPs and/or learning and emotional disabilities at the discretion of the Administration and Guidance Department.

Has applicant had any discipline problems at school? If yes, please explain:

School Information and Educational History: Student is requesting Admission to what grade level: _____

Name of Current School: _____

School Address: Street _____ City _____ State _____ Zip _____

School Phone: _____ Fax: _____

Title of Current Math Course _____ Which (if any) foreign language are you currently taking _____

is the applicant currently taking any advanced/honors courses, if so please list above

Family Information:

Mother's Name (Mrs, Ms, Dr. ETC.)	First	Last	MI
Home Address:	Street	City	State Zip
Mother's Employer	Occupation/Title	Business Phone	
Home Phone	Cell Phone	E-mail	

Father's Name (Mr., Dr., ETC)	First	Last	MI
Home Address:	Street	City	State Zip
Father's Employer	Occupation/Title	Business Phone	
Home Phone	Cell Phone	E-mail	

Student lives with (Circle all that apply) Father Mother Stepfather Stepmother Guardian Other

Applicant's Siblings

Name	/ /	Date of Birth	Current School
Name	/ /	Date of Birth	Current School
Name	/ /	Date of Birth	Current School

Extracurricular Activities and Eligibility

Please list three activities, clubs, sports or community service projects the applicant has been involved in during the past two years, with dates. For example: Football, Fall of 2008

Activity 1	Activity 2	Activity 3
------------	------------	------------

An application is "complete" and will be considered by the admissions committee only when the following items have been received:

- _____ Copy of most recent transcript (high school) or report card (junior high)
- _____ Results from Catholic School Entrance Exam (if applicable)
- _____ Letter of Recommendation
- _____ Writing Sample (personal essay)

Parent or Guardian

Why do you want your child to attend Bishop Kearney?

I (We), the custodial parent(s) or legal guardian(s) of the above applicant, hereby certify that the information provided on this application is complete and correct. I (We) understand that falsifying or withholding any information may result in the rescinding of an offer of acceptance.

Parent/Guardian Signature

Date



Application for Admission

Bishop Kearney High School
125 Kings Highway South
Rochester, NY 14617
Phone: 585.342.4000
Fax: 585.342.4694
E-mail: www.bkhs.org

Applicant's Name First Last

Recommendation: To be completed by a current teacher or school administrator.

How would you rate this applicant in terms of the following criteria?

- 1. Weak/Do not recommend 2. Recommend with reservation 3. No, Basis/Unsure
- 4. Recommend 5. Excellent/ Highly Recommend

1. Academic Ability	1	2	3	4	5
2. Self-motivation	1	2	3	4	5
3. Acceptable Behavior	1	2	3	4	5
4. Concern for others	1	2	3	4	5
5. Involvement in the School Community	1	2	3	4	5
6. Overall Rating	1	2	3	4	5

7. Additional Comments. You may write below or on a separate page.

Name of Evaluator School Title

Evaluator Signature Date

Please sign, date, and return this form to the above address marked Attention: Admissions, or seal it in an envelope and return it to the applicant. If you have any further questions or comments, please feel free to contact Bishop Kearney Admissions Office at 585.342.4000 Ext. 246



Bishop Kearney

125 Kings Highway South, Rochester, NY 14617 * Phone (585)342-4000 * Fax (585)342-4694

Request for Student Records

The following student is currently applying to attend Bishop Kearney:

Student's Name: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Current School: _____

In order to serve this student effectively, please send us the following information as soon as possible. We appreciate and thank you for your experience in forwarding records.

- | | |
|---|-----------------------------|
| _____ Academic Records | _____ Health Records |
| _____ Achievement and Aptitude Test Results | _____ I.E.P. |
| _____ Attendance Records | _____ Psychological Reports |
| _____ Background Information | _____ Speech Evaluation |
| _____ Birth Certificate | _____ Final Transcript |
| _____ Counselor Recommendation | _____ All of the above |
| _____ Current Schedule | _____ Other |

I hereby authorize:

Name of Current School: _____

School District: _____

to release the requested information about my son/daughter.

Parent/Guardian Signature: _____ Date: _____

Please release all of the requested educational information and forward it to:

Bishop Kearney High School
Attn: Fred Tillinghast/Heather Iardo
125 Kings Highway South
Rochester, NY 14617
Fax: (585)342-4694