



Bishop Rosecrans High School Application for Admission 2018-2019

Date: _____ Grade 2018-2019 _____

Student's Full Name: _____
First Middle Last

Address: _____
Number and Street Name City Zip

Date of Birth: ____/____/____ Phone number: _____

Last 4 of Social Security _____ Male or Female (circle one)

Student's race (circle one): This information is used for the Ohio Department of Education and Ohio Catholic Conference statistics.

Asian American Indian/Native Alaskan Hispanic Multiracial White Black Native Hawaiian/Pacific Islander

Church you are currently attending: _____

Public School Information

Public District: _____

Name of Public School: _____

Last grade attended/Current grade: _____

Has this student ever been identified or tested for special education? YES NO
Speech Hearing Learning Other _____

If yes, does your student have an IEP or 504 Plan? YES NO

Does this child have any special medical needs? YES NO

Describe medical condition: _____

Please list any necessary medications for allergies, ADD, seizures or asthma etc.

Family Information

Father's Status: Married Separated Divorced Remarried Deceased Single

Father's Name: _____ Home Phone: _____

Address: _____
Number and Street Name City Zip

Email address: _____ Cell phone: _____

Employer's Name: _____ Employer's phone: _____

Mother's Status: Married Separated Divorced Remarried Deceased Single

Mother's Name: _____ Home Phone: _____

Address: _____
Number and Street Name City Zip

Email address: _____ Cell phone: _____

Employer's Name: _____ Employer's phone: _____

Student lives with: circle all that apply

Both parents Mother/Custodial Father/Custodial Shared Parenting Guardian/Custodial

If separated or divorced, a copy of custody paper must be provided to the school no later than August 1, 2018.

I wish to apply for my child's admission to Bishop Rosecrans High School. I have stated the information to be true and correct to the best of my knowledge and I understand that admission is probationary and pending approval of all required and requested records.

Parent Signature Date

\$25.00 Non-refundable application fee included. Check # _____ Date _____