



**APPLICATION FOR ADMISSION
ST. PAUL CATHOLIC HIGH SCHOOL**

1001 Stafford Avenue, Bristol, CT 06010

(860) 584-0911 FAX (860) 585-8815 www.spchs.com

APPLICATION PROCESS:

- 1.) Please complete all parts of this application and sign. Include a signed **RECORDS RELEASE FORM, SCHOOL EVALUATION FORM** (incoming 9th grade students) and **GUIDANCE INFORMATION FORM** with application.
- 2.) Students applying to 9th or 10th grade must take the **High School Placement Test** at St. Paul Catholic High School. Please return completed forms with the \$25.00 testing fee to the Admissions Office at St. Paul.
- 3.) All students must submit a letter of recommendation on school letterhead from an administrator, guidance counselor or teacher at their current school.
- 4.) A personal interview is required for all transfers and may be required for some applicants prior to Admission Committee review.
- 5.) Candidates for Grade 12 will be considered only for those who have moved into the area.*

A. APPLICANT INFORMATION Please Print Candidate For Grade (Circle one) 9 10 11 *12

Last Name First Middle

Home Telephone E-mail Address Date of Birth Gender

Street City State Zip Code

Religion Church/Parish Are You Registered?

Current School School Telephone Present Grade

Address City State Zip Code

B. PARENT OR GUARDIAN (Circle one) Mother Father Guardian Grandmother Grandfather Stepmother Stepfather

Last Name First (Circle title) Dr. Mr. Mrs. Ms.

Street City State Zip Code

Home Telephone Work Phone Cell Phone E-mail Address

Employer Occupation

B. PARENT OR GUARDIAN (Circle one) Mother Father Guardian Grandmother Grandfather Stepmother Stepfather

Last Name First (Circle title) Dr. Mr. Mrs. Ms.

Street City State Zip Code

Home Telephone Work Phone Cell Phone E-mail Address

Employer Occupation

C. APPLICANT'S BROTHERS AND SISTERS

Name	Date of Birth	Gender	School Attending	Grade

D. APPLICANT'S GRANDPARENTS

Maternal				
Address	City	State	Zip Code	
Paternal				
Address	City	State	Zip Code	

E. How Did You First Learn About St. Paul Catholic High School? (Please circle all that apply)

- | | | | | | |
|--|-----------------|---------------------|--------|-------------------|--------------|
| Relative attends(ed) St. Paul Catholic | Current Student | Radio Advertisement | Alumn | Website | Poster |
| CCD Program | Teacher | Principal | Pastor | Mail to your home | Newspaper Ad |
| | | | | | Other |

F. Please list the names of relatives who attend or graduated from St. Paul.

Name	Year of Graduation	Relationship

G. ACADEMIC, ATHLETIC AND EXTRA-CURRICULAR ACTIVITIES Please list any activities in which you are currently involved .

H. SIGNATURE OF STUDENT

I. SIGNATURE OF PARENT OR GUARDIAN



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SCHOOL EVALUATION FORM

This form is to be completed by the 8th grade student's teacher, counselor, or principal.
 Please return this form to St. Paul as part of the application package.

STUDENT'S NAME: _____

SCHOOL: _____

YOU RECOMMEND THIS STUDENT FOR:

Geometry	College Prep	Honors
Algebra:	College Prep	Honors
Biology:	College Prep	Honors
English:	College Prep	Honors
French I:	Spanish I	Latin I
French II:	Spanish II	Latin II

Note: **College Prep** = basic to average level courses
Honors = advanced level courses

ASSESSMENT OF STUDENT:

	Outstanding	Above Average	Average	Fair	Poor
Leadership					
Responsibility					
Motivation					
Empathy					

Has this student ever been suspended or expelled? If yes please explain and attach details/dates of event(s): _____

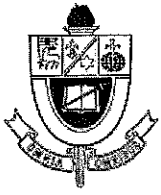
RECOMMENDATIONS:

Highly Recommended _____ Recommended _____ With Reservations* _____
 Not Recommended* _____ School Policy Prohibits Recommendation _____

*Please comment: _____

Signature: _____

Please circle one: (Principal/Guidance/Teacher)



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GUIDANCE INFORMATION

Notification of Educational Exceptionality

St. Paul Catholic High School offers a mainstream college preparatory program with no Special Education services and minimal support staff. To the extent possible, certain classroom accommodations may be arranged depending on the nature and frequency of the accommodations and the student's level of cooperation. Therefore, to better serve the needs of our student population, it is necessary that we be aware of any exceptionality that might be a factor in the student's academic program.

This form must be completed by parent/guardian and returned to St. Paul as part of the application package.

Please check ONE response:

_____ My child has not had an educational evaluation.

Parent / Guardian Signature: _____ Date: _____

.....
_____ My child has undergone an educational evaluation.*

*Please complete the following information if your child has had an educational evaluation.

Student Name: _____ Year of High School graduation: _____

Educational Testing Performed:

Reason for Testing: _____

Test Site: _____ Date of Testing: _____

Evaluator: _____

Disposition:

1. Disability: LD ADD ADHD Other: _____

2. Medication: Yes / No Type: _____

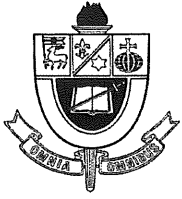
3. Special Education Services: Yes / No From (date): _____ to (date): _____

4. Exited Special Education Service: Yes / No Year services last received: _____

5. Do you wish your son's / daughter's teachers to be notified of class room accommodations? Yes / No

For students identified as eligible for special education services, evaluations must be completed every three years to determine continued eligibility and accommodations for standardized tests.

Parent / Guardian Signature: _____ Date: _____



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PLACEMENT EXAMINATION

Saturday, December 4, 2010

8:00a.m. - 12:00p.m.

This examination will be held at St. Paul Catholic High School. A \$25.00 testing fee covers the cost of the exam. Students must take the placement exam on December 4 to be eligible for certain academic scholarships.

Please RSVP using the form below.

I plan to attend the St. Paul Catholic High School Exam on December 4, 2010. I have enclosed the \$25.00 fee.

Student's Name: _____

Address: _____

City/Town: _____ **Zip:** _____

Current Grade: _____ **Current School:** _____

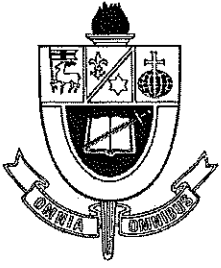
Parent's Name: _____ **St. Paul Alumni (yr.)** _____

Home Telephone: _____

Parent Email: _____

Please return this form with \$25.00 fee by December 3.

Admissions Office
St. Paul Catholic High School
1001 Stafford Ave.
Bristol, CT 06010



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RECORD RELEASE FORM

Student's Last Name	First	Middle	
Number and Street	City	State	Zip
Home Telephone	Date of Birth	Grade	

Schools Attended:

1. Current School	School Address	Telephone Number
2. School	School Address	Telephone Number
3. School	School Address	Telephone Number

I hereby authorize St. Paul Catholic High School to request all records and information from the permanent records of this student.

The permanent records would include items such as:

Report Cards	Test Scores
Official Transcripts	Cumulative Health Records
IEP/504 (if applicable)	Educational/psychological testing (if applicable)

This information will be available to faculty/guidance unless otherwise indicated in writing by the parent or guardian.

This record is to remain in force until rescinded by me.

Signature of Parent or Guardian

Date