

Present School

Name of School _____ Present grade _____ Years attended _____

School Address _____
City _____ Zip Code _____

School phone number _____

Reason for transfer from this school _____

Previous Schools

Name of School _____ City _____ Grades _____

Name of School _____ City _____ Grades _____

What is your closest public high school? _____

.....
Contact 1

Mother's Name _____ () Deceased

Address if different from student's address

_____ City _____ State _____ Zip code _____

Cell # _____ Work Phone # _____

Employer _____ Occupation _____

Does this student live with this person? Yes No Part of the time

Contact 2

Father's Name _____ () Deceased

Address if different from student's address

_____ City _____ State _____ Zip Code _____

Cell # _____ Work Phone# _____

Employer _____ Occupation _____

Does this student live with this person? Yes No Part of the time

Guardian Information

Stepparent/Guardian's Name _____

Stepmother Stepfather Grandparent Other

Address if different from student's address

_____ City _____ State _____ Zip Code _____

Phone # _____

Work phone # _____

Employer _____ Occupation _____

Does this student live with this person? Yes No Part of the time

Report cards should be mailed to the address of Contact 1, Contact 2, Guardian

Due to special circumstances a second report card, etc. should be mailed to: Contact 1, Contact 2, Guardian

Number of brothers: Older ____ Younger _____ Number of sisters: Older ____ Younger _____

Other students in the family attending Bourgade Catholic _____

Parents: Why do you feel that Bourgade Catholic High School is the best place for your son's or daughter's high school education?

Student: Why do you want to attend Bourgade Catholic High School? What will you add to the BCCHS Community?

I understand and accept the mission of Bourgade Catholic High School and wish to be a member of the Bourgade Catholic High School Faith Community.

Student's Signature _____ Date _____

BEHAVIORAL INFORMATION SHEET

Name of Student: _____

Yes No

- | | | | |
|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Has this student been suspended for one or more days of school in the last two years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Has this student been under the care of a counselor, psychologist, psychiatrist in the last two years? For what reason? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Has this student been hospitalized or treated for emotional, behavioral, or chemical problems in the last two years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Has this student been diagnosed with Attention Deficit Disorder? If so by whom and when. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Has this student been diagnosed as having a learning disability? If yes, please answer the following:
a. Who made the diagnosis?
b. When was this diagnosed?
c. What is the nature of the learning disability? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Has this student ever been on probation through the court system? Is so why? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Did this student miss more than ten days of school last year? If yes, why? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Has this student been in a program for alcohol and/or chemical abuse? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Does this student have difficulty relating to peers and/or teachers? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Has this student repeated a grade? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Does this student take medication for behavior problems? |

If you answered yes to any question, please comment:

I verify that the above responses are true and complete. I understand that false statements could be a reason for the student being asked to leave Bourgade Catholic High School.

Signature of Parent/Guardian _____ Date _____

TEACHER RECOMMENDATION/EVALUATION FORM

For 8th Graders

Bourgade Catholic High School

●4602 North 31st Avenue ●Phoenix ●AZ● 85017●

602.973.4000

**MATH TEACHER
Recommendation**

STUDENT: _____ **SCHOOL:** _____

I hereby authorize _____
(Name of Current School)

to release pertinent testing and academic information regarding my student to Bourgade Catholic High School. I also give permission to Bourgade Catholic High School to release my student's test scores to the above grade school.

To allow a completely candid response, I waive my right to examine this form once it is returned to Bourgade Catholic High School.

Parent/Guardian Signature _____ Date _____

Please include school transcript with grades and test results from 6th, 7th and 8th grade.

Scholastic Record

Achievement Testing

Subject	Grades Earned	
	7 th Grade	8 th Grade
Reading:	_____	_____
English:	_____	_____
Remedial	_____	_____
Regular	_____	_____
Advanced	_____	_____
Mathematics:	_____	_____
Remedial	_____	_____
Regular	_____	_____
Advanced	_____	_____

Grade 6: Iowa Test of Basic Skill or Terra Nova
Percentile Rank:
Reading _____ Lang:Usage _____ Math:Tot _____

Grade 7: Iowa Test of Basic Skill or Stanford 9
Percentile Rank:
Reading _____ Lang:Usage _____ Math:Tot _____

Completed Algebra 1-2 by end of year? YES NO
Student is Bilingual (Spanish)? YES NO

Please check the appropriate ratings:

	POOR	FAIR	AVERAGE	ABOVE AVERAGE	EXCELLENT
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to stay on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work completed on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression/mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct in Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment briefly on any poor or fair rating given: _____

ENGLISH AND ALGEBRA COURSE RECOMMENDATIONS:

- | Advanced | Regular | Remedial |
|---|----------------------------------|--|
| <input type="checkbox"/> Algebra Honors | <input type="checkbox"/> Algebra | <input type="checkbox"/> Pre-Algebra |
| <input type="checkbox"/> English Honors | <input type="checkbox"/> English | <input type="checkbox"/> Basic English |

- YES NO 1. Has this student been diagnosed with Attention Deficit? If yes, by whom?

- YES NO 2. Has this student missed ten (10) or more days of school this year? If yes, why?

- YES NO 3. Has this student been suspended from school one or more days in the last 2 years? If yes, explain. _____

- YES NO 4. Has this student been diagnosed with a Learning Disability? If yes, by whom?

Please complete the following chart:

On the basis of:

I strongly recommend I recommend I recommend with reservation I do not recommend

Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments:

Printed Name of Person completing this form _____ Date _____

Signature of Person completing this form _____

Please return this recommendation and a complete transcript of grades and national test scores by February 1st to:

**Admissions Office
 Bourgade Catholic High School
 4602 North 31st Avenue Phoenix, Arizona 85017**

TEACHER RECOMMENDATION/EVALUATION FORM

For 8th Graders

Bourgade Catholic High School
●4602 North 31st Avenue ●Phoenix ●AZ● 85017●
602.973.4000

**ENGLISH
TEACHER
Recommendation**

STUDENT: _____ SCHOOL: _____

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(Name of Current School)

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Mathematics:	_____	_____
Remedial	_____	_____
Regular	_____	_____
Advanced	_____	_____

Grade 6:	Iowa Test of Basic Skill or Terra Nova
	Percentile Rank: Reading _____ Lang:Usage _____ Math:Tot _____
Grade 7:	Iowa Test of Basic Skill or Stanford 9
	Percentile Rank: Reading _____ Lang:Usage _____ Math:Tot _____
Completed Algebra 1-2 by end of year?	YES NO
Student is Bilingual (Spanish)?	YES NO

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Ability to work alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to stay on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work completed on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression/mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct in Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment briefly on any poor or fair rating given: _____

ENGLISH AND ALGEBRA COURSE RECOMMENDATIONS:

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> Advanced | <input type="checkbox"/> Regular | <input type="checkbox"/> Remedial |
| <input type="checkbox"/> Algebra Honors | <input type="checkbox"/> Algebra | <input type="checkbox"/> Pre-Algebra |
| <input type="checkbox"/> English Honors | <input type="checkbox"/> English | <input type="checkbox"/> Basic English |

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Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Classroom Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments:

Printed Name of Person completing this form _____ Date _____

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