



**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?

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

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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:<br>a. Who made the diagnosis?<br>b. When was this diagnosed?<br>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:*

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*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 \_\_\_\_\_