

**Application Form for NEW FOREIGN EXCHANGE ADMISSION 2017/2018****Diocese of Syracuse - Catholic Schools**

---Please Print---

Applying for admission to: **Bishop Grimes Jr. / Sr. High School (7-12)** Grade Entering: \_\_\_\_\_  Male  Female

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle City State Zip

Student's Current School \_\_\_\_\_ Student's Current Grade \_\_\_\_\_

Student's Religion:  Catholic  Non-Catholic Student's Parish/Church \_\_\_\_\_Student lives with  Both Parents  Mother  Father  Other (please specify) \_\_\_\_\_**Custody:** This school assumes that both parents have full parental and residential custody. If this is not the case, it is the responsibility of the parents to provide the school with that portion of the divorce decree or separation agreement that articulates parental and residential custody. Should any changes occur during the year, please inform the school. Please check here if the school will be receiving a custody document.**Parental Information:**

Note: Both parents have a right to school information regarding the student unless one parent presents a legal document that does not permit this.

**Mother/Guardian Name:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

Email: \_\_\_\_\_

Religion: \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

Email: \_\_\_\_\_

Religion: \_\_\_\_\_

**Host Parent #1 Name:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

Email: \_\_\_\_\_

Religion: \_\_\_\_\_

Host Parent #2 Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

Email: \_\_\_\_\_

Religion: \_\_\_\_\_

**If there are additional contacts please notify the school's Registrar, Mrs. Linda Pitonzo, at 315-437-0356.**

**If Student is Catholic, please complete the following:**

**Baptism** Church: \_\_\_\_\_ Date: \_\_\_\_\_

**First Penance** Church: \_\_\_\_\_ Date: \_\_\_\_\_

**First Eucharist** Church: \_\_\_\_\_ Date: \_\_\_\_\_

**Confirmation** Church: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation**

Public School District in which the student resides \_\_\_\_\_

For students residing within the Syracuse City School District, Bishop Grimes will submit transportation requests on the student's behalf.

For students outside of the Syracuse City School District, parents need to complete transportation forms by **April 1<sup>st</sup>, 2017**.

**Forms must be completed to receive busing services.**

This information is used to complete the New York State Basic Educational Data Systems report that all public and non-public schools are required to submit

**Ethnic background of student**  Hispanic  Non-Hispanic

**Race**  American Indian or Native Alaskan  Asian  Black or African American  Native Hawaiian/Pacific Islander  
 White  2 or more races

**Academic Information:**

*Please send unofficial copies of transcripts or report cards with this application for admission purposes. Acceptances are not final until records have been reviewed by the Admissions Committee and by the principal.*

Does the student have a Behavioral Intervention Plan?  Yes  No

If yes, what are the terms of that plan? Please provide the school with a copy of that plan. Please specify below:

Does the student require any particular accommodations to facilitate his or her participation in the educational program offered by the school other than what has been indicated in the question above?  Yes  No.

If yes, what are those accommodations? Please specify below:

Has the student ever been tested for learning problems?  Yes  No

Has testing for learning problems ever been suggested?  Yes  No

Does the student have an IEP or IESP?  Yes  No

Does the student have a 504 Accommodation Plan?  Yes  No

I understand that the school must be informed of any physical, mental or emotional limitation known by the parents that could affect appropriate placement. Providing inaccurate or incomplete information during the application process will result in non-acceptance or dismissal from the school. Classroom placement is determined by the school. Initial Please: \_\_\_\_\_

Is the student currently taking medications?  Yes  No If yes, please specify: \_\_\_\_\_

Does the medication need to be administered during the school day?  Yes  No. If yes, when? \_\_\_\_\_

**Emergency Contacts Other than Parents (Mandatory)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_