

Application Form for FOREIGN EXCHANGE ADMISSION 2018/2019

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 _____

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 1st, 2018**.

Forms must be completed to receive busing services.

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

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.

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 so, 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/Host 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 (_____) _____