



**9<sup>th</sup> - 12<sup>th</sup> Grade Application Form  
2020 -2021 SCHOOL YEAR**

## Student Information

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Nickname \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Gender \_\_\_\_\_ T-shirt Size \_\_\_\_\_

## Educational Status

Grade you plan on entering into when you become a student:    9       10       11       12

Are you transferring from a public school? **(Does not apply to entering 9<sup>th</sup> grade students)**    Yes    or    No

Elementary school most recently attended \_\_\_\_\_

Public High School you would attend (School District) \_\_\_\_\_

## Religious Information

What is your religious affiliation?    Catholic \_\_\_\_\_ Christian \_\_\_\_\_ Other (specify) \_\_\_\_\_

Name of Parish / Church \_\_\_\_\_

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

## ETHNIC BACKGROUND

Is the student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)    ☐ Yes    ☐ No

## RACE

Choose one regardless of ethnicity selected in previous question.

- |  |  |
|--|--|
| <input type="radio"/> Asian                    | <input type="radio"/> Native Hawaiian / Other Pacific Islander |
| <input type="radio"/> Black / African American | <input type="radio"/> White / Caucasian                        |

## FAMILY INFORMATION

Father/Stepfather/Guardian (circle one)

Salutation\_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Cell Phone Provider \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Bishop McNamara Alumnus? (check appropriate box) ☐ No ☐ Yes, Class of \_\_\_\_\_

Mother/Stepmother/Guardian (circle one)

Salutation\_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Cell Phone Provider \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Bishop McNamara Alumnus (check appropriate box) ☐ No ☐ Yes, Class of \_\_\_\_\_

Student lives with ☐ Both Parents ☐ Father Primary ☐ Mother Primary ☐ Legal Guardian(s)

List the names of siblings currently attending Bishop McNamara Catholic School

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Location \_\_\_\_\_

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Location \_\_\_\_\_

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Location \_\_\_\_\_

Family Members that are alumni of Bishop McNamara:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Class year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Class year: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Class year: \_\_\_\_\_

## Medical Information

Please list student's allergies that we should be aware of, if any. (If none, please leave blank):

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Please list student's physical or medical conditions that we should be aware of, if any. (If none, please leave blank):

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Please list student's prescription medications if any. (If none, please leave blank):

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## Activity Information

The student would like information on the following activities (*check all that apply*):

- |                                     |  |   |   |
|-------------------------------------|--|---|---|
| <input type="radio"/> Cross Country | <input type="radio"/> Track            | <input type="radio"/> Chorus            | <input type="radio"/> College Prep Club   |
| <input type="radio"/> Football      | <input type="radio"/> Baseball         | <input type="radio"/> Band              | <input type="radio"/> Green Key Society   |
| <input type="radio"/> Golf          | <input type="radio"/> Tennis           | <input type="radio"/> Jazz Band         | <input type="radio"/> Language & Culture  |
| <input type="radio"/> Poms / Dance  | <input type="radio"/> Bass Fishing     | <input type="radio"/> Fall Play         | <input type="radio"/> World Youth Science |
| <input type="radio"/> Cheerleading  | <input type="radio"/> Softball         | <input type="radio"/> Spring Musical    | <input type="radio"/> & Engineering       |
| <input type="radio"/> Volleyball    | <input type="radio"/> Wrestling        | <input type="radio"/> Scholastic Bowl / |   |
| <input type="radio"/> Soccer        | <input type="radio"/> Bowling          | Match points                            |   |
| <input type="radio"/> Basketball    | <input type="radio"/> Letterman's Club | <input type="radio"/> Campus Ministry   |   |
|                                     | <input type="radio"/> Robotics Club    | <input type="radio"/> Yearbook          |   |

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that the information provided on this application is accurate and true. Bishop McNamara Catholic School does not discriminate on the basis of age, race, color, sex or national origin.