

Application for Admission in Fall 2009

The Catholic High Schools of the Diocese of Buffalo

Catholic schools in the Diocese of Buffalo shall not discriminate on the basis of race, sex (unless a single sex school), color, national and ethnic origin, and age (in accordance with the law).

Instructions-Parents/Guardians: Complete and sign **Section A** and return the entire form to the applicant's present school by **Friday, October 24, 2008**. Please remember that each applicant should take the **ADMISSION EXAM** at his/her **FIRST CHOICE** school on **Saturday, November 22, 2008, at 8:30 a.m.**

Instructions-Elementary School Personnel: Upon receipt of this form, please forward the **WHITE** half sheet to the First Choice school and the **YELLOW** half sheet to the Second Choice school no later than **November 14, 2008**. (see reverse side for addresses)

At the end of the first grading period, please complete **Section B**, and mail the **WHITE** (full page) copy to the First Choice school and the **YELLOW** (full page) copy to the Second Choice school no later than **December 5, 2008**.

Section A - To be completed by parent/guardian. Please type or print (Use typewriter or ball point pen. Please press firmly and make sure information appears legibly on each sheet. You are making four copies.)

First Choice High School HOLY ANGELS ACADEMY Second Choice High School _____

Applicant's Name _____ Male Female Date of Birth _____
Last First M.I. Month Day Year

Applicant's Address _____ Telephone _____
No. & Street City/Town Zip Code

Current Elementary/Middle School _____ Cell Phone _____

Public School District _____ Parish / Church _____

Father's Name _____ (Mr., Dr.) Mother's Name _____ (Mrs., Ms., Miss., Dr.)

Student is living with: Both natural parents Mother only Father only
 Natural father and stepmother Natural mother and stepfather

If other: _____ Name of Guardian _____ Relation to Student _____

By signing this application, I agree that this information may be shared among the Catholic Schools considering my son/daughter.

Parent/Guardian Signature _____ Date _____

E-mail Address _____

SECTION B - To be completed by current elementary/middle school personnel

Grades	Religion	Reading	Lang. Arts	Math	Soc. Studies	Science	Health	Music	Art	For. Lang (please specify)
Grade 6										
Grade 7										
Grade 8										

COGAT	
Name	
Score or SAS:	
Date:	

Attendance		
Grade	7	8
Days Absent		
Times Late		

Accelerated Courses: Algebra Biology Earth Science Foreign Language

Achievement Tests

Please note if any unusual forms or data tables were used for the applicant. (NPR: National %ile Rank)

Standardized Tests	Total Reading—NPR	Total Writing—NPR	Total Math—NPR	Total Battery—NPR
Name:				
Date:				

Recommendation

Based on your experience with this student, please rate him/her using:

A = Excellent; B = Above Average; C = Average; D = Poor (Please note additional comments below)

** How long have you known the applicant?	A	B	C	D
Effort				
Written Communication				
Creativity				
Responsibility				

Academic Potential	A	B	C	D
Respect for Others	A	B	C	D
Self-discipline	A	B	C	D

Signature _____ Position _____ Date _____

Bishop Timon-St. Jude High School	601 McKinley Pkwy	Buffalo, NY	14220-1599
Buffalo Academy of the Sacred Heart High School	3860 Main St.	Buffalo, NY	14226-3398
Canisius High School	1180 Delaware Ave.	Buffalo, NY	14209-1494
Cardinal O'Hara High School	39 O'Hara Rd.	Tonawanda, NY	14150-6298
Holy Angels Academy	24 Shoshone Dr.	Buffalo, NY	14214-1097
Immaculata Academy	5138 South Park Ave.	Hamburg, NY	14075-1599
Mount Mercy Academy	88 Red Jacket Pkwy.	Buffalo, NY	14220-2090
Mount St. Mary Academy	3756 Delaware Ave.	Kenmore, NY	14217-1085
Nardin Academy	135 Cleveland Ave.	Buffalo, NY	14222-1699
Niagara Catholic High School	520 66th St.	Niagara Falls, NY	14304-3299
St. Francis High School	4129 Lake Shore Rd.	Athol Springs, NY	14010-0185
St. Joseph's Collegiate Institute	845 Kenmore Ave.	Buffalo, NY	14223-3195
St. Mary's High School	142 Laverack Ave.	Lancaster, NY	14086-1899