

GOD | FAMILY | ACADEMICS | FUN

APPLICATION FOR ADMISSION



Thank you for your interest in Berks Catholic High School! Berks Catholic is centered on the four pillars of God, Family, Academics and Fun. We encourage academically qualified high school students to apply for admission. All students are required to follow the formal Admission Procedure. Completion of the application/registration does not constitute acceptance. All information requested below is necessary before applications will be reviewed and an admission decision rendered.

Formal Admission Procedure

Transfer Students

- Berks Catholic Application
- Transcripts (unofficial)
- Most recent Report Card
- Standardized Achievement Test Scores
- Psycho-Educational Testing (if applicable)
- Copy of IEP (if applicable)
- 504 Plan (if applicable)
- Immunization Records
- Attendance Records
- Disciplinary Records
- Student interview with Principal
- \$200 Registration Fee*

Partner Students

- Berks Catholic Application
- \$200 Registration Fee*

*Registration Fee is non-refundable

Once the above information has been received the Berks Catholic Admissions Committee will review all of the information and make an admission decision and a written notice of the final decision will be sent.

Please note: The Admission Committee looks closely at an applicant's involvement in their school and community:

- Failing grades may eliminate an applicant from consideration.
- Student discipline records are considered for admission. An accepted student involved in disciplinary situations after acceptance to Berks Catholic and prior to Orientation Day is subject to having their offer of admission rescinded.
- *A student interview is required for transfer students only.*

“Be great everyday and help yourself and others get to heaven.”

Please complete all pages, sign, and return with Registration Fee to
Berks Catholic High School - Attn: Mrs. Nicole Smith

OFFICE USE

Date: _____

ID# _____

Applying to Grade: 9 10 11 12

Registration Received _____

STUDENT INFORMATION

Cash Check # _____ CC

Name: _____
Last First Middle

Birth Date: ____/____/20____ Gender: Male Female Social Security Number (Optional) ____-____-____

Catholic: Yes No Parish: _____ Current School: _____

Current Public School District: _____ T-Shirt Size: Adult S Adult M Adult L Adult XL

Race/Ethnicity (Statistical Purposes Only)

Ethnicity: Hispanic or Latino Race: American Indian or Alaska Native
 Asian
 Black or African American
 Multi-Racial
 Native Hawaiian or Other Pacific Islander
 White

Primary Language Spoken at Home: English Spanish Other _____

Student Resides with: Both Parents Mother Father Guardian Other: _____

Primary Address: _____
Number Street Apt# City State Zip Code

Please check all that applies:

Emergency Contact Can Pick Up Custody
(if separated, please remit copy of custody agreement)

Father's Name: _____

*Address: _____

Employment: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Father's Email: _____

*If different from Primary Address

Please check all that applies:

Emergency Contact Can Pick Up Custody
(if separated, please remit copy of custody agreement)

Mother's Name: _____

*Address: _____

Employment: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Mother's Email: _____

*If different from Primary Address

TUITION RESPONSIBILITY

Person/Person responsible for Tuition & Fees

Name(s); _____ Relationship: _____

Address: _____

Home/Cell Number: _____ Email: _____

FOREIGN LANGUAGE PREFERENCE

Foreign Language Preference (Grade 9 Only) French Spanish

If a Foreign Language is not selected one may be selected for you.

*Students who place below proficiency in Reading will be assigned to a Reading Strategies class in place of a foreign language class during their freshmen year.

Student Information

All previous schools attended and dates: _____

Please take a few minutes to consider the following questions. Your responses, along with records received from the sending school, will provide us with the background we need to evaluate your application. Information you share will be regarded respectfully and confidentially.

1. Has the student ever been assigned to an alternate school program? Y N
If yes, please explain: _____
2. In the two previous school years, has the student been absent or late to school more than 10 times? Y N
If yes, please explain: _____
3. In the two previous school years, has the student been suspended or expelled from school? Y N
If yes, please explain: _____
4. Has anyone ever suggested that psychological or psychiatric help be sought for the student? Y N
If yes, please explain: _____
5. Has the student been evaluated by a psychiatrist within the last five years? Y N
(Report of findings required with Admissions Packet)
If yes, please explain: _____
6. Has the student spent time in a mental facility? Y N
If yes, please explain: _____
7. Is there any illness or disability which may interfere with the student's studies or extracurricular activities? Y N
If yes, please indicate (e.g. Asthma, Dyslexia, Learning Disability, ADD, etc.) and please explain.

8. Has anyone, including family members, ever suggested that the student may have a substance abuse problem or treated for substance abuse? Y N
If yes, please explain: _____
9. Has the student ever been referred to the Student Assistance Program (SAP) for mental health or substance abuse issues in any school attended? Y N
If yes, please explain: _____
10. Has the student ever been the subject of a police investigation? Y N
If yes, please explain: _____
11. Has the student ever been arrested? Y N
If yes, please explain: _____
12. In the two previous years, has the student had a formal Individualized Education Plan (IEP)? Y N
If Yes please see info on page 4.

Parent Signature: _____ Date: _____

ACADEMIC SUPPORT

Prior Assessments/Evaluations: Individualized Education Plans (IEPs) are not standard plans implemented in private schools. However, it is imperative to provide any and all documentation implemented in the student's past, in order to provide an effective educational environment at Berks Catholic. Any medical/mental health information, diagnostic testing, educational evaluation reports, etc. should be given to the Studies Office.

Has there been psycho-educational testing? Y N If yes, date of last test: _____

State previous accommodations: _____

BERKS CATHOLIC SUPPLEMENTAL ADMISSIONS INFORMATION

Student Name: _____

Father's High School: _____ YOG: _____ Mother's High School: _____ YOG: _____

Brother(s) and/or Sister(s)

Name	Birth Date	Current School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Paternal Grandparent(s): _____

Address: _____

Number Street Apt# City State Zip Code

Maternal Grandparent(s): _____

Address: _____

Number Street Apt# City State Zip Code

List any relatives who attend or have attended Berks Catholic, Central Catholic or Holy Name:

Name	Relationship	Years Attended	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____