

BISHOP MACHEBEUF HIGH SCHOOL

an academic community of faith

2011-2012 APPLICATION FOR ADMISSION

For January 2011 or August 2011 Enrollment

Dear Student Applicant and Parents/Guardians:

Bishop Machebeuf High School has an open but selective admissions policy. Students of any race, religion, ethnicity, gender, and nationality are admissible and accorded all rights, privileges, programs, and activities through recruitment efforts, admission policies, scholarships, athletics, and other school-administered programs.

Applicants are reviewed by the Admissions Committee and offers of admission are based on academic competence, standardized test scores, letters of recommendation from two core subject teachers, writing samples, the promise for future development, and a personal interview.

All application materials must be received on or before the Priority Consideration Deadline. Applicants who submit application materials after the Priority Consideration Deadline will only be considered on a space-available basis.

APPLICATION REQUIREMENTS

| Required Item | Details | Applying to 9 th grade to begin August of 2011 | Applying to Transfer to begin January of 2011 | Applying to Transfer to begin August of 2011 |
|--|--|--|---|---|
| Application Forms (pg. 2-5) | Pages 2-5 must arrive together in the same packet. | Due on or before December 10, 2010 for Priority Consideration | Due on or before December 1, 2010 for Priority Consideration | Due on or before May 1, 2011 for Priority Consideration |
| Transcript & Discipline Record (Request Form on pg. 6) | Family completes and submits Request Form to current school as well as any prior schools attended. Schools process Request Form and submit transcripts directly to Bishop Machebeuf High School. | Transcripts from 6 th , 7 th , & 8 th grades required | Transcripts from current year and last two years required. Any prior testing (HSPT, CSAP, etc.) is also required. | Transcripts from current year and last two years required. Any prior testing (HSPT, CSAP, etc.) is also required. |
| High School Placement Test (HSPT) December 4, 2010 from 8:30AM-11:30AM | Students should arrive at Machebeuf on December 4 th no later than 8:00AM. Pre-Registration is available at our Open House on November 7, 2010. | Required | Not applicable | Not applicable |
| Two (2) Letters of Recommendation | Recommendations must be from teachers of core subjects. | Two Required | Two Required | Two Required |
| Interview | Personal Interview with Student Applicant and at least one Parent/Guardian. | Students with a completed application by December 10, 2010 will receive their scheduled interview time for January 15 th or 29 th in the mail. | Students will be contacted to schedule an interview upon receipt of a completed application. | Students will be contacted to schedule an interview upon receipt of a completed application. |

Mail your completed application to:

Bishop Machebeuf High School
Office of Enrollment Management
458 Uinta Way
Denver, Colorado 80230

Please do not fax this application.

If you have any questions about the admissions process, please feel free to contact our Office of Enrollment Management at 303.344.0082 x17.

Please keep this coversheet for your reference.

PLEASE SELECT:

Applying To:

- 9th 11th
- 10th 12th

Desired Semester of Entrance:

- January 2011
- August 2011



REQUIRED:

Attach a current color photograph here.

The size of the photo should not exceed 2"x3".

2011-2012 APPLICATION FOR ADMISSION

STUDENT INFORMATION
please print

Name: _____ Date of Birth: _____
Last First Middle Preferred Name mm / dd / yyyy

Gender: Male Race/Ethnicity: African African American Asian
 Female Caucasian East Indian Hispanic
 Middle Eastern Multi-Culture Native American
 Pacific Islands Other

Permanent Home Mailing Address: _____
Number & Street Apartment #

City/Town State ZIP/Postal Code

Permanent Home Phone: (_____) _____ Email Address: _____@_____

Religious Affiliation: _____ Church/Parish: _____

First Language: _____ Primary Language Spoken at Home: _____

Relatives who are attending or have attended Machebeuf:

Name: _____ Relationship: Sibling Parent Grandparent Other _____
 Dates of Attendance: _____
 Graduation Year: _____

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 Dates of Attendance: _____
 Graduation Year: _____

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 Dates of Attendance: _____
 Graduation Year: _____

PRIOR SCHOOL INFORMATION

School Attending/Attended Start date/End Date Grade (i.e. 6th, 7th, 8th, 9th)

2010-2011 School Year: _____

2009-2010 School Year: _____

2008-2009 School Year: _____

How did you learn about Bishop Machebeuf High School? (Check all that apply)

- 5280 Magazine Denver Catholic Register Website Presentation at my school
- Open House Other event(s) (specify) _____
- Family (specify) _____ Friend (specify) _____
- Other referral (specify) _____

FAMILY INFORMATION

Student's permanent home is with: Both Parents/Guardians #1 & #2 Father only Mother only
 Legal Guardian other than parent (specify) _____

Check any that apply: Student's parents are separated Student's parents are divorced
 Student's father is deceased (date) _____ Student's mother is deceased (date) _____

Parent/Guardian #1 : Legal Custody
Title (Dr./Mr./Mrs./Ms./etc.): _____
First Name: _____
Last Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____ @ _____
Relationship:
 Father Mother
 Other (specify) _____
Employer: _____
Occupation/Title: _____

Parent/Guardian #2 : Legal Custody
Title (Dr./Mr./Mrs./Ms./etc.): _____
First Name: _____
Last Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____ @ _____
Relationship:
 Father Mother
 Other (specify) _____
Employer: _____
Occupation/Title: _____

Legal Guardian (if other than parent):
Relationship to Student: _____
Title (Dr./Mr./Mrs./Ms./etc.): _____
First Name: _____
Last Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____ @ _____
Employer: _____
Occupation/Title: _____

Siblings (please provide the names/schools/grades):

| | | |
|-------------------------|-------|--------------|
| _____ | _____ | _____ |
| Name | Grade | Relationship |
| School Attending: _____ | | |
| _____ | | |
| Name | Grade | Relationship |
| School Attending: _____ | | |
| _____ | | |
| Name | Grade | Relationship |
| School Attending: _____ | | |
| _____ | | |
| Name | Grade | Relationship |
| School Attending: _____ | | |

LEARNING STRATEGIES PROGRAM

Bishop Machebeuf High School remains committed to assisting students who have unique learning needs. The Learning Strategies Program provides academic support to highly motivated students with diagnosed learning disabilities or Attention Deficit Disorder.

Please check any that apply:

- Student has been in a special education program (if yes, include a copy of student's IEP)
- Student has been diagnosed with a learning disability (if yes, include a copy of evaluation)
- Student has had an educational evaluation (if yes, include a copy of evaluation)

I would like my child to be considered for the Learning Strategies Program (LSP): Yes No

STUDENT ESSAYS

Bishop Machebeuf High School is an academic community of faith enrolling approximately 375 students. As a close-knit community, you have the opportunity to make a big impact! Your answers to the questions below will allow us to get to know you better as a student and individual. Please handwrite (do not type) your responses to the following questions in the space provided. You may use the back of this sheet or an extra sheet of paper if you need additional room.

1. Why would you like to attend Bishop Machebeuf High School?

2. How would you describe your spiritual or religious formation? How important is it to grow in this area while at Machebeuf?

3. What co-curricular activities (athletics, clubs, etc.) do you plan on pursuing while at Machebeuf?

4. Tell us about a risk you have taken, a significant experience, or a meaningful achievement and how it has impacted you.

5. Have you been expelled or asked to withdraw from a school within the last three (3) years? If yes, please attach a detailed explanation of the circumstances surrounding the situation including date of any incidents.

STUDENT FAVORITES

| | |
|----------------------------|------------------------|
| Fictional Character | Book |
| Band/music | Way to get news |

STUDENT SIGNATURE

By signing below, I am confirming that my essay responses are my own original work and that I did not give or receive assistance in completing them.

Signature of Student

Date

PARENT ESSAYS

Machebeuf families are partners in our Mission and in the preparation of our students for college and for life. Please answer the following questions so that we may gain a sense of how you would help support our Mission and greater school community. For your responses to the questions below, please write or type your answers on this sheet or on a separate sheet of paper.

A. Why do you want your child to attend Bishop Machebeuf High School?

B. We believe that our educational environment is enhanced by support provided by parents/guardians. What type of support (time/talent/treasure) do you believe you will be able to offer?

C. Please include any additional information you believe we would find helpful in making our admissions decision.

TUITION ASSISTANCE INFORMATION

Each year Bishop Machebeuf High School awards need-based financial aid packages to families who meet certain financial parameters as demonstrated through completing a FAIR application by early April. Tuition for the past academic year was \$9,400 Unaffiliated (\$8,500 Catholic-Affiliated).

Do you plan to apply for financial aid from Bishop Machebeuf High School through FAIR?

Yes No

If yes, anticipated amount of financial aid request: \$ _____

Do you currently receive funding from any of the following scholarship foundations? (Please check any that apply)

ACE (Alliance for Choice in Education)

Schmitz Family Foundation

E. Isabella Stupfel Trust

Other (specify) _____

I certify that the information we have provided on this application is factually true and honestly presented. I agree to notify the proper officials at Bishop Machebeuf High School of any changes in the information provided.

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____

Non-Discrimination Statement: The Catholic schools of the Archdiocese of Denver, under the jurisdiction of Archbishop Charles J. Chaput, O.F.M. Cap. and at the discretion of the Secretary for Catholic Schools, state that all of their Catholic schools admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at schools. Furthermore, Archdiocesan schools admit handicapped students in accord with Archdiocesan Policy No. 2000 concerning student admission. These schools do not discriminate on the basis of race, age, handicap, color, national or ethnic origin in the administration of their educational policies, employment practices, scholarship and loan programs or athletic or other school administered programs.

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OFFICIAL RELEASE OF CONFIDENTIAL INFORMATION

Applicants are NOT to return this form to Bishop Machebeuf High School

Please complete the information request below and give this form to your child's current school.

In the event that your child has attended multiple institutions in the last three years,
Machebeuf will need complete records from each institution attended.

Date: _____ **Student's Name:** _____

Date of birth of student: _____

Current Grade: _____

Requesting Records from Grades: _____

School Name: _____

School Mailing Address: _____

Number & Street

City/Town

State

ZIP/Postal Code

I hereby authorize the school listed above to release my child's transcript, copy of most recent report card, discipline records, copies of all standardized testing results, and individual educational programs/plans to:

Bishop Machebeuf High School
Office of Enrollment Management

458 Uinta Way

Denver, Colorado 80230

p: 303.344.0082 x17

f: 303.344.1582

My signature authorizes release of such information as specified above. I understand this material will be treated in a confidential manner and will be used for the purpose of admission to Bishop Machebeuf High School.

Parent/Guardian Signature

Date

TEACHER RECOMMENDATION FORM

To the applicant: You must submit recommendations from core class teachers (i.e. Math, English)

Applicant's Name: _____

Student's present grade level: _____

What subjects do you teach this student? _____

How long have you known this student? _____

What three words immediately come to mind when thinking of this student?

In what areas does the student show the greatest academic strength and/or creativity?

In what area does the student need to improve?

Please evaluate this student's performance in the following areas (please mark only applicable areas):

| Academic Qualities | Superior | Above Average | Average | Below Average |
|-----------------------|----------|---------------|---------|---------------|
| Verbal Skills | | | | |
| Math Skills | | | | |
| Written Work | | | | |
| Reading Comprehension | | | | |
| Motivation | | | | |

Does this student work to their potential?

| | | |
|---------------|------------------|---------------|
| Always | Generally | Seldom |
| | | |

Is this student courteous and considerate?

| | | |
|---------------|------------------|---------------|
| Always | Generally | Seldom |
| | | |

How would you describe the student's conduct in school?

How would you describe the student's relationship with peers?

Should the Admissions Committee be made aware of any factors that have had an impact on this student's academic or social progress to date?

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