



BISHOP MACHEBEUF HIGH SCHOOL

TRANSFER APPLICATION FOR ADMISSION

Applying for (please circle one): 9th Grade 10th Grade 11th Grade 12th Grade

To begin (please circle one): Spring Semester 2012 Fall Semester 2012
2011-2012 School Year (January start) 2012-2013 School Year (August start)

STUDENT INFORMATION

Please print clearly

Name: _____

Date of Birth: _____ Gender: Male Female

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

Address: _____
Street Address City State Zip Code

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

First Language: _____ Primary Language Spoken at Home: _____

Current School (2011-2012 School Year): _____ Current Grade: _____

EDUCATIONAL BACKGROUND

2009-2010 & 2010-2011 School Years

STUDENT ATHLETICS, ACTIVITIES AND CLUBS

Current School Year & past two School Years

Have you been suspended from a school within the past three (3) years?
 Yes No

Have you been expelled or asked to withdraw from a school within the past three (3) years?
 Yes No

If answered "yes" to either of the above questions, please attach a written, detailed explanation of the circumstances surrounding the situation. Please include date of incident(s).

STUDENT FAVORITES

Favorite Book: _____ Favorite TV Show: _____

Favorite Music: _____ Favorite Subject in School: _____

HOW DID YOU LEARN ABOUT BISHOP MACHEBEUF HIGH SCHOOL?

Please check all that apply

- 5280 Magazine 5280 School Fair Open House Website
 Catholic High School Education Fair School Fair _____
 Denver Catholic Register Family/Friend _____
 Living the Catholic Faith Conference Other _____

REQUIRED

STUDENT PHOTO

Photo must be no larger than 2" X 3". Please attach photo to this space with staples, glue, or tape.

The student photo is a required part of the application. This application will be considered **INCOMPLETE** if a photo is not attached.

FAMILY INFORMATION

Please print clearly

Student's permanent home is with: Both parents/guardians Father only Mother only
 Legal guardian other than parent (please specify) _____

Please check any that apply: Student's parents are separated Student's parents are divorced
 Student's father is deceased Student's mother is deceased

PARENT/GUARDIAN #1

Relationship to student: Father Mother Other (please specify) _____

Name: _____

Address: _____
Street Address City State Zip Code

Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Occupation: _____

Employer: _____

PARENT/GUARDIAN #2

Relationship to student: Father Mother Other (please specify) _____

Name: _____

Address: _____
Street Address City State Zip Code

Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Occupation: _____

Employer: _____

SIBLINGS

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

RELIGIOUS AFFILIATION

Religion: _____ Parish/Church: _____

MACHEBEUF ALUMNI IN THE FAMILY

Name	Years Attended	Graduation Year
_____	_____	_____
_____	_____	_____



PARENT ESSAYS AND QUESTIONS

Bishop Machebeuf High School and its families are partners in the mission of our school and in preparing students for college and beyond. Please answer the following questions explaining how your family will help advance the mission of Bishop Machebeuf High School as a member of our family. Please handwrite or type your answers on a separate piece of paper and attach it to this application.

1. Why do you want your child to attend Bishop Machebeuf High School?
2. Machebeuf families enhance the faith-driven and educational environment of our Machebeuf family. What type of support do you believe you will be able to offer this community?

LEARNING STRATEGIES PROGRAM

Bishop Machebeuf High School remains committed to assisting students who have unique learning needs. The Learning Strategies Program (LSP) at Machebeuf provides academic support to highly motivated students with diagnosed learning disabilities or Attention Deficit Disorder (ADD). Students must complete an application to be considered for LSP.

Are you interested in the Learning Strategies Program for your student? Yes No

If answered "yes", please complete a Learning Strategies Program Application and attach it to this application.

TUITION AND FINANCIAL AID INFORMATION

Bishop Machebeuf High School charges tuition and fees to all students in attendance. All families are responsible for a non-refundable Student Registration Fee **in addition** to tuition. Tuition for the 2011-2012 School Year is as follows:

Unaffiliated Rate: \$9,600

Parish Affiliated Rate*: \$8,700

*To receive the Parish Affiliated Rate, a Parish Affiliation Form confirming registration at an Archdiocese of Denver Catholic parish MUST be submitted to the BMHS Business Office prior to the beginning of the school year.

Machebeuf families invest in their students' futures through their financial commitment to the school. Bishop Machebeuf High School awards need-based financial aid to families who meet certain financial parameters. This is intended to supplement those families whose financial resources limit their ability to pay full tuition but **WILL NOT** meet the full costs of attendance.

Do you plan to apply for financial aid from Bishop Machebeuf High School? Yes No

If answered "yes", please estimate the anticipated amount of your financial aid request: \$ _____

Does your student currently receive financial assistance from his/her current school or parish/church, any outside organizations, or any scholarship foundations? Yes No

If answered "yes", please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Funds through my/our student's current school | <input type="checkbox"/> Considine Family Foundation |
| <input type="checkbox"/> Funds through my/our parish/church | <input type="checkbox"/> E. Isabella Stupfel Trust |
| <input type="checkbox"/> ACE (Alliance for Choice in Education) | <input type="checkbox"/> Schmitz Family Foundation |
| <input type="checkbox"/> Challenge Foundation | <input type="checkbox"/> Seeds of Hope Charitable Trust |
| <input type="checkbox"/> Other (please specify) _____ | |

PARENT/GUARDIAN SIGNATURE(S)*

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

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____

*An Application for Admission without parent/guardian signatures will be considered **INCOMPLETE**.

Non-Discrimination Statement: The Catholic schools of the Archdiocese of Denver, under the jurisdiction of the archbishop and at the discretion of the Secretary for Catholic Schools, state that all of their Catholic schools admit 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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