

Bishop McLaughlin Catholic High School

Est. 2003 13651 Hays Road Spring Hill, Florida 34610

Application Procedure Checklist for International Students

Thank you for your interest in Bishop McLaughlin Catholic High School. Our admissions process is designed to identify the abilities of our applicants and determine how they will add to the Bishop McLaughlin community. The application process consists of several parts, all of which must be completed in order for a candidate to receive consideration.

REQUIRED STEPS:

•	 Fill out the attached application completely. (Parent/Guardian signature required)
•	 Pay the non-refundable \$75.00 application fee at https://www.bmchs.com/online-payment/
•	 Provide proof of English Proficiency Score of Slate 4.0, TOEFL Jr 750, TOEFL iBT 52 or equivalent.
•	 Provide current academic records for 2 years in ENGLISH (must include the report cards and all standardized test scores OR the student's unofficial transcript)
•	 Letter of Good Standing signed by an administrator of the current or former school
•	 Return all documents to rick.legendre@bmchs.com
•	 Schedule a Skype interview with Mr. LeGendre, Assistant Principal

Bishop McLaughlin Catholic High School does not discriminate on the basis of race, color, religious affiliation, national, or ethnic origin

Please keep this Checklist for your own records

Telephone: 727-857-2600 Fax: 727-857-2610 Find us @ www.bmchs.com or https://www.facebook.com/bmchs

INFORMATION FOR FATHER INFORMATION FOR MOTHER



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Application Fee: \$75.00 Please make checks payable to BMCHS

Application for Admission

Applicant's Current Grade Level	Check One: Male	Female
Student's Name:(Last)	(First) (Middle)	
Student's Address:		
(Street)	Security Home phone: ((Zip)
School Currently Attending:		
School's Address:		
School Phone Number:	(City, State)	(Zip)
Religious Affiliation:		
Name of Parish/Church in which family is a	registered:	
Father/Male Guardian:	(Relation	nship)
Address (if different from student):		
Work Phone: () Cell Phone: () _	Email Address:	
Mother/Female Guardian:	(Last Name)	
Address (if different from student):		
Work Phone: () Cell Phone: ()	Email Address:	

Student's Name:		
(Last)	(First)	
Has your child ever been screened or evaluated for learning difficultie	es? Ye	sNo
Does or did your child ever have an I.E.P., 504, or Student Support F	Plan? Ye	sNo
Does the student have any illness, disease, accident history, injury or	physical disabilities that wou	ld require classroom
accommodations?	Ye	s No
If yes, please explain:		
Has your child ever been involved in any behavioral misconduct invol	ving law enforcement?	
	Ye	s No
Has your child ever been involved in any serious disciplinary violatior	that resulted in suspension,	removal, dismissal, or
expulsion in the last three (3) years?	Ye:	s No
	16.	110
If yes, please explain:		
		_
Please notify BMCHS immediately if any informati	on contained in this form c	hanges.
l verify that all the information which has been provided on this Catholic High School is accurate to the best of my knowledge.	application for admission	to Bishop McLaughlin
Parent/Guardian Signature:	Date	/
Parent/Guardian Signature:	Date	/

Student's Name:			
(Last)		(First)	
<u>Please <i>I</i></u>	Attach Picture of Student	PICTURE	
This section is to be con	npleted by the prospective	e student in his/her own handwritin	ı <u>g.</u>
Why would you like to attend Bishop	o McLaughlin Catholic High S	School?	
What is your favorite subject in scho	ool? Why?		
Please list your extracurricular or comm	nunity activities. (Include volunte	eer work, jobs, Parish involvement, athletics, ho	bbies, etc.)
1) 2) 3)	4) 5) 6)		
Siblings who attend(ed) BMCHS:	(name / graduation year)	(name / graduation year)	
	(name / graduation year)	(name / graduation year)	
Student Signature:		Date:	



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Letter of Good Standing

Date:					
This is to advise that		is currently	enrolled a	s a full-tim	ne student at
	(S) He has attended	d our school sin	ce	and is in	good standing.
Absences:					
Discipline Incidents:					
Details:					
If you have any questions, please feel fi	ree to contact			·	
School Name:					_
School Address					
School Phone:					
Signature:					
Title:					

Please return completed by email to Rick LeGendre, Assistant Principal, at rick.legendre@bmchs.com. All information will be held in strict confidence. If there are questions, please contact Mr. LeGendre at (727) 857-2600.

Thank you for your cooperation on this matter.

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Records Release Form

This release will allow Bishop McLaughlin C.H.S. to receive records and test scores to assist in evaluation for admissions.

(Please Turn in to Current School's Records Office)

Student's Name:	Birth Date:
Please submit this fo	orm to your current school's guidance/registrar office.
(Name o	to release f school/ address student attended in grades 6-9.) High School all pertinent academic information (standardized
test results, student's school	records, including grades and support plans), any academic
	ng learning disabilities) and any other information deemed with of access to confidential statements as defined by the Family of Act of 1974.
I authorize	to release of where placement / entrance exam was taken if other than BMCHS)
(Name of school	of where placement / entrance exam was taken if other than BMCHS)
high school placemer	nt test scores to Bishop McLaughlin Catholic High School
Parent/Guardian signature:	Date:
Records to be sent to:	Rick LeGendre - rick.legendre@bmchs.com Bishop McLaughlin Catholic High School 13651 Hays Road Spring Hill, Florida 34610

For transfer students, please include: Report cards and testing for the Eighth Grade and all high school years, along with a letter of Good Standing signed by an Administrator from current school.

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