



APPLICATION FOR ADMISSION

373 Elsbree Street | Fall River, MA 02720
508.676.1071 | www.BishopConnolly.com

Application is to be completed by parent/guardian. Please print or type.

Application for admission to Grade _____

Applicant's name _____
LAST FIRST MIDDLE NICKNAME

Address _____
STREET CITY STATE ZIP

Home telephone _____ Age _____ Date of birth _____

Parent email _____

With whom does applicant reside? _____

Parish or Church affiliation _____ City _____

Full name of father _____

Occupation _____ Position _____

Name of company _____

Business address _____
STREET CITY STATE ZIP

Business telephone _____

Full name of mother _____ Maiden name _____

Occupation _____ Position _____

Name of company _____

Business address _____
STREET CITY STATE ZIP

Business telephone _____

Please provide the following information:

Father deceased Mother deceased Parents separated or divorced

If parents are separated or divorced, to whom should additional correspondence be sent?

Name _____

Address _____
STREET CITY STATE ZIP

Home telephone _____

Business telephone _____

Current school _____ Current grade _____

Address _____
STREET CITY STATE ZIP

Name of school principal _____ School telephone _____

List schools previously attended, most recent first, giving location and length of time at each.

Special Needs:

Has your child received any supportive services? If yes, please explain.

Will you be seeking any supportive services or modifications for his/her academic program? If yes, please explain.

Other children in family:

NAME	GENDER	BIRTHDATE	CURRENT SCHOOL	CURRENT GRADE
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NAME	GENDER	BIRTHDATE	CURRENT SCHOOL	CURRENT GRADE
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Ethnicity African American Asian Caucasian Hispanic Other _____
Optional

Please list name, class year and relationship for each relative who is attending or has attended Bishop Connolly High School.

How did you learn about or become interested in Bishop Connolly High School?

Student's interests and accomplishments (academics, athletics, music, art, volunteer service, etc.):

Signature of Parent or Legal Guardian _____ Date _____