

# Bishop Amat Memorial High School

ARCHDIOCESE OF LOS ANGELES  
http://www.bishopamat.org

(626) 962-2495 • 14301 FAIRGROVE AVENUE • LA PUENTE, CA 91746-1712 • FAX (626) 960-0994

## NINTH GRADE APPLICATION PACKAGE—CLASS OF 2016

### Important Dates

November 19, 2011	Open House – General Session followed by Campus Tours 9 a.m. - Monsignor Aidan M. Carroll Student Activity Center
December 3, 2011	Open House – General Session followed by Campus Tours 9 a.m. - Monsignor Aidan M. Carroll Student Activity Center
January 7, 2012	Test Preparation Seminar (Optional) 9 a.m. to 11:30 a.m.
January 10, 2012	Open House – General Session followed by Campus Tours 7 p.m. - Monsignor Aidan M. Carroll Student Activity Center
January 13, 2012	Application/Test Fee Deadline Applications received after this date will incur a \$20 late charge
January 21, 2012	Entrance Exam 8:00 a.m. – 12:30 p.m.
February 11, 2012	Alternate Test Date 8:00 a.m. – 12:30 p.m.
March 2, 2012	Test results and letters of admission status mailed
March 17, 2012	Registration of accepted students

### Forms

Complete and **return the following forms to Bishop Amat High School** with the **\$60** testing fee by January 13, 2012:

- \_\_\_\_\_ Application (front and back)
- \_\_\_\_\_ Bishop Amat Request for Student Records
- \_\_\_\_\_ Optional Test Taking Seminar Registration Form w/\$25 fee

**Take the following forms to your present school.** Ask them to return the requested materials (including 2011-2012 Semester One Grades) to Bishop Amat by **February 10, 2012.**

- \_\_\_\_\_ Parent Request for Student Records
- \_\_\_\_\_ Recommendation Form

## BISHOP AMAT MEMORIAL HIGH SCHOOL

### Application for Admission 9<sup>th</sup> Grade—Class of 2016

Receipt No.

Student ID

STUDENT INFORMATION																						
<i>Use this area to attach a current photograph of the student applying for admission</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Last Name</td> <td style="width: 30%;">First Name</td> <td style="width: 35%;">Middle Name</td> </tr> <tr> <td>Student's Address</td> <td>City</td> <td>Zip</td> </tr> <tr> <td>Date of Birth</td> <td colspan="2">Home Phone No.</td> </tr> <tr> <td>Place of Birth</td> <td colspan="2">Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</td> </tr> <tr> <td>Mother's Cell Phone No.</td> <td colspan="2">Father's Cell Phone No.</td> </tr> <tr> <td>Parent E-Mail Address</td> <td colspan="2">Religion</td> </tr> <tr> <td>Social Security Number</td> <td colspan="2">Home Language</td> </tr> </table>	Last Name	First Name	Middle Name	Student's Address	City	Zip	Date of Birth	Home Phone No.		Place of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Mother's Cell Phone No.	Father's Cell Phone No.		Parent E-Mail Address	Religion		Social Security Number	Home Language	
Last Name	First Name	Middle Name																				
Student's Address	City	Zip																				
Date of Birth	Home Phone No.																					
Place of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female																					
Mother's Cell Phone No.	Father's Cell Phone No.																					
Parent E-Mail Address	Religion																					
Social Security Number	Home Language																					
SCHOOL/PARISH INFORMATION																						
Ethnic Background (optional)-please circle: African American Asian Filipino Hispanic/Latino Native Amer. Pac. Islander White																						
Bishop Amat High School admits students of any race, gender, color, racial or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, gender, color, racial or ethnic origin in the administration of its educational policies, scholarship and loan programs, athletic and other school-administered programs.																						
Current School	Address City, State, Zip																					
Parish/Church Affiliation	Address City, State, Zip																					
Baptism <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Parish City, State																					
First Communion <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Parish City, State																					
HOUSEHOLD INFORMATION																						
Father's Name	Occupation Employer Phone Number																					
Mother's Name	Occupation Employer Phone Number																					
Student's Legal Guardian Both Parents Father Mother																						
Student lives with Both Parents Father Mother Father & Step Mother Mother & Step Father Other																						
Father's address if different than student's																						
Mother's address if different than student's																						
Are any brothers or sisters now attending Bishop Amat? ___ No ___ Yes (please list)																						
Name:	Grade:																					
Name:	Grade:																					
Do you have a parent, brother or sister who has graduated from Bishop Amat? ___ No ___ Yes (please list)																						
Name:	Year Graduated:																					
Name:	Year Graduated:																					

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**PARENT SURVEY**

**Why do you want your student to attend Bishop Amat High School?**

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**Bishop Amat parents are expected to play an active role in the education of their children. How do you propose to fulfill this role?** (e.g. by attending school functions, volunteering, etc.)

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**In what areas would you like your student to be involved?**

**Curricular:**       Honors/AP/IB Classes       Speech/Debate       Band  
 Computer Classes       Yearbook       Chorus  
 Academic Decathlon       Journalism       Drama  
 Other \_\_\_\_\_

**Extra-Curricular:**       Campus Ministry       Student Council       Dance Team  
 Color Guard       Pep Squad       Clubs  
 Other \_\_\_\_\_

**Sports:**       Baseball       Basketball       Cross Country  
 Football       Golf       Soccer  
 Softball       Tennis       Track  
 Swimming       Volleyball       Wrestling  
 Other \_\_\_\_\_

**If there is an additional comment you would like to make, please feel free to do so.**

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## BISHOP AMAT REQUEST FOR STUDENT RECORDS

School \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

School Phone No. \_\_\_\_\_

School FAX No. \_\_\_\_\_

The following student is applying for admission to Bishop Amat High School. Authorization is hereby given to release all school records and information including Academic, Discipline, Attendance, and Health Records of the student listed below.

Name of Student (include middle initial) \_\_\_\_\_

Address \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Please send the above requested records and Recommendation Form for this student to:

Admissions Office  
Bishop Amat High School  
14301 Fairgrove Avenue  
La Puente, CA 91746-1712

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## TEST TAKING SEMINAR

- WHEN** Saturday, January 7, 2012  
9 a.m. to 11:30 a.m.
- WHERE** Bishop Amat High School
- Participants should be on campus by 8:45 a.m. Classroom assignments will be posted.
- TOPICS** The seminar covers test taking techniques, study skills, and a practice exam for the STS High School Exam.
- COST** \$25 (Non Refundable)
- Checks should be made payable to Bishop Amat High School. Your canceled check is your receipt.
- REGISTRATION** Mail check and registration form, marked “**Test Taking Seminar**” to:
- Bishop Amat High School  
14301 Fairgrove Avenue  
La Puente, CA 91746
- DEADLINE** January 5, 2012

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### BISHOP AMAT HIGH SCHOOL

#### Test Taking Seminar Registration Form

Please Print Clearly

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

8<sup>th</sup> Grade School \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
Area Code

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## PARENT REQUEST FOR STUDENT RECORDS

The following student is applying for admission to Bishop Amat High School. Authorization is hereby given to release all school records and information relating to Academics, Discipline, Attendance and Health Records (**include school year 2011-2012 Semester One Grades**).

Name of Student (include middle initial) \_\_\_\_\_

Address \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Please send the above requested records and Recommendation Form by **February 10, 2012** to:

Admissions Office  
Bishop Amat High School  
14301 Fairgrove Avenue  
La Puente, CA 91746-1712

# BISHOP AMAT MEMORIAL HIGH SCHOOL

14301 FAIRGROVE AVENUE, LA PUENTE, CA 91746 (626) 962-2495

## RECOMMENDATION FORM

This form will be used only by the persons on the Admissions Committee and will not become part of the permanent record of the prospective student. This form will not be open to general review. **Please return by February 10, 2012.**

Student's Name \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

1. Please attach a copy of \_\_\_\_\_ and \_\_\_\_\_ grade progress/report cards.
2. Recommendation for English placement: \_\_\_ Remedial Eng \_\_\_ English 1 \_\_\_ English 1 Honors
3. Recommendation for Math placement: \_\_\_ Remedial Alg \_\_\_ Algebra 1 \_\_\_ Algebra 1 Hon \_\_\_ Geometry
4. School Administrator Recommendation:

	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>
School Attendance	_____	_____	_____	_____
Effort/Motivation	_____	_____	_____	_____
General Conduct	_____	_____	_____	_____
Study Habits	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Leadership Qualities	_____	_____	_____	_____

5. Has the student been subject to disciplinary action? \_\_\_ Yes \_\_\_ No If yes, please provide explanation.  
\_\_\_\_\_  
\_\_\_\_\_

6. Parents meet school related financial obligations:  
\_\_\_ Regularly \_\_\_ Need Special Consideration \_\_\_ Fail to meet obligations \_\_\_ N/A

7. Do parents support school guidelines and philosophy? \_\_\_ Yes \_\_\_ No If no, please provide explanation.  
\_\_\_\_\_  
\_\_\_\_\_

8. Overall Recommendation:

	<b>Highly Recommend</b>	<b>Recommend</b>	<b>With Reservation/Do Not Recommend</b>
Academic	_____	_____	_____
Conduct	_____	_____	_____

If "With Reservation" or "Do Not Recommend" is checked, provide explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Other information that would be beneficial in evaluating this student for admission \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title of the person who completed this form \_\_\_\_\_

Name of School \_\_\_\_\_ Phone No. \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_