

Application for Admission

The Catholic High Schools of the Diocese of Buffalo

Catholic schools in the Diocese of Buffalo shall not discriminate on the basis of race, sex (unless a single sex school, color, national and ethnic origin, and age (in accordance with the law)

Instructions-Parents/Guardians:

Complete and sign **Section A** and return it to Mount Mercy Academy, 88 Red Jacket Pkwy, Buffalo, NY 14220 no later Friday, November 5, 2009. Please remember that each applicant should take the Admissions Exam at her first choice high school. The Admission Director at Mt. Mercy will send a copy of the application to your second choice school.

Section A – To be completed by parent/guardian. Please print using a blue or black pen.

First Choice High School: [Mount Mercy Academy](#) **Second Choice High School** _____

Applicant's Name _____ **Date of Birth** ____/____/____

Applicant's Address _____ **Telephone** _____ - _____
No. & Street City/Town Zip

Current Elementary/Middle School _____ **Parish/Church** _____

Public School District _____ **Parent E-mail Address** _____

Father's Name _____ **Mother's Name** _____
(Mr., Dr, Rev.) (Mrs. Ms., Miss, Dr.)

Father Cell Phone: _____ - _____ **Mother Cell phone:** _____ - _____

Student is living with: Both natural Parents Mother only Father only
 Natural Father & stepmother Natural mother & stepfather

If other: _____
Name of Guardian Relationship to Student

By signing this application, I agree that this information may be shared among the Catholic Schools considering my daughter.

Parent/Guardian Signature _____ **Date:** _____

****PLEASE NOTE**** Make sure that Section B of the Application is given to your current school's principal or guidance counselor

Instructions - Elementary School Personnel: Please complete **Section B** of the application and return it to *Mount Mercy Academy, 88 Red Jacket Pkwy, Buffalo, NY 14220 after the 1st quarter 8th grade grades are complete.*

Students Name: _____

Section B: To be completed by Elementary or Middle School

Applicant's Name: _____ Current School _____

Grades	Religion	Reading	Lang. Arts	Math	Social Studies	Science	Health	Music	Art	For. Lang.
Grade 6										
Grade 7										
Grade 8										

Accelerated Course: Math Biology Earth Science Foreign Language _____

Standardized Test	Total Reading-NPR	Total Writing-NPR	Total Math-NPR	Total Battery - NPR
Name:				
Date:				

Recommendations

Based on your experience with this student, please rate her using:

A=Excellent; B=Above Average; C=Average, D=Poor; (Please note additional comments below)

<i>How long have you know the applicant?</i>				
Effort	A	B	C	D
Written Communication	A	B	C	D
Creativity	A	B	C	D
Responsibility	A	B	C	D
Academic Potential	A	B	C	D
Respect for Others	A	B	C	D
Self- Discipline	A	B	C	D

Attendance

COGAT

Grade 7: Days Absent _____ Times Late _____

Name: _____

Grade 8: Days Absent _____ Times Late _____

Score or SAS: _____

Date: _____

Signature _____ Position _____ Date _____