



BISHOP READY HIGH SCHOOL

707 Salisbury Road Columbus, Ohio 43204 (614) 276-5263

www.brhs.org

2012 - 2013 FRESHMAN & TRANSFER STUDENT REGISTRATION

Registration Fee: \$85.00 for one student (non-refundable)

If more than one student in family: total fee \$100.00 (non-refundable)

Send completed, signed registration form & registration fee to BRHS.

REGISTRATION FORM & PAYMENT FOR INCOMING FRESHMEN ARE DUE BY: January 27, 2012

STUDENT INFORMATION

STUDENT FULL LEGAL LAST NAME		STUDENT FULL FIRST NAME		STUDENT FULL MIDDLE NAME	
STUDENT STREET ADDRESS		CITY		STATE & ZIP	
HOME PHONE	STUDENT DATE OF BIRTH	STUDENT GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		PUBLIC SCHOOL DISTRICT	
GRADE NOW ATTENDING	APPLYING FOR FINANCIAL AID <input type="checkbox"/> YES <input type="checkbox"/> NO	EDUCATION CHOICE STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO			
SCHOOL NOW ATTENDING		ADDRESS OF CURRENT SCHOOL			
RELIGIOUS AFFILIATION					
<input type="checkbox"/> CATHOLIC - SPECIFY PARISH OF REGISTRATION:					
<input type="checkbox"/> OTHER - SPECIFY OTHER RELIGION:					
ETHNICITY (THIS IS NOT REQUIRED)					
<input type="checkbox"/> AFRICAN AM. <input type="checkbox"/> AM. INDIAN <input type="checkbox"/> ASIAN PACIFIC ISLANDER <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER SPECIFY					
U.S. CITIZEN, IF NOT SPECIFY COUNTRY OF CITIZENSHIP			PRIMARY LANGUAGE SPOKEN AT HOME IF OTHER THAN ENGLISH		
<input type="checkbox"/> YES <input type="checkbox"/> NO - SPECIFY COUNTRY:					

HOME STATUS

STUDENT LIVES WITH (CHECK ALL THAT APPLY)					
<input type="checkbox"/> BOTH PARENTS AT HOME					
<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER & STEPMOTHER <input type="checkbox"/> MOTHER & STEPFATHER <input type="checkbox"/> OTHER SPECIFY					
<input type="checkbox"/> PARENTS SEPARATED <input type="checkbox"/> PARENTS DIVORCED <input type="checkbox"/> FATHER DECEASED <input type="checkbox"/> MOTHER DECEASED					

(OVER)

PARENT/GUARDIAN INFORMATION

FATHER		LAST	FIRST
<input type="checkbox"/> MR. <input type="checkbox"/> OTHER SPECIFY			
ADDRESS		CITY	STATE & ZIP
HOME PHONE	CELL PHONE	WOULD YOU LIKE TO RECEIVE MAILINGS?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PLACE OF EMPLOYMENT		OCCUPATION	WORK PHONE
EMAIL ADDRESS		ARE YOU ALUMNA? IF SO, SPECIFY YEAR OF GRADUATION	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
MOTHER		LAST	FIRST
<input type="checkbox"/> MRS. <input type="checkbox"/> MS <input type="checkbox"/> OTHER SPECIFY			
ADDRESS		CITY	STATE & ZIP
HOME PHONE	CELL PHONE	WOULD YOU LIKE TO RECEIVE MAILINGS?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PLACE OF EMPLOYMENT		OCCUPATION	WORK PHONE
EMAIL ADDRESS		ARE YOU ALUMNA? IF SO, SPECIFY MAIDEN NAME & YEAR OF GRAD.	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
GUARDIAN NAME		LAST	FIRST
<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> OTHER SPECIFY			
ADDRESS		CITY	STATE & ZIP
HOME PHONE	CELL PHONE	WOULD YOU LIKE TO RECEIVE MAILINGS?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PLACE OF EMPLOYMENT		OCCUPATION	WORK PHONE
EMAIL ADDRESS		ARE YOU ALUMNA? IF SO, SPECIFY MAIDEN NAME & YEAR OF GRAD.	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

This form, signed by both parents/guardians and student, indicates acceptance of Bishop Ready High School's philosophy and regulations.

STUDENT SIGNATURE	TODAY'S DATE
FATHER/GUARDIAN SIGNATURE	TODAY'S DATE
MOTHER/GUARDIAN SIGNATURE	TODAY'S DATE

STUDENT FULL LEGAL LAST NAME	STUDENT FULL FIRST NAME

GRANDPARENT INFORMATION

PATERNAL GRANDPARENT'S NAME		
ADDRESS	CITY	STATE & ZIP
MATERNAL GRANDPARENT'S NAME		
ADDRESS	CITY	STATE & ZIP