



BISHOP READY HIGH SCHOOL

707 Salisbury Road Columbus, Ohio 43204 (614) 276-5263
www.brhs.org

2019-2020 FRESHMAN & TRANSFER STUDENT REGISTRATION

Registration Fee: \$150.00 for one student (non-refundable)
If more than one student in family: total fee \$175.00 (non-refundable)
Send completed, signed registration form & registration fee to BRHS.

REGISTRATION FORM AND PAYMENT ARE DUE BY: November 30, 2018

STUDENT INFORMATION

STUDENT LAST NAME (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:	PARISH OF REGISTRATION		
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 <input type="checkbox"/> YES <input type="checkbox"/> NO - SPECIFY COUNTRY:		PRIMARY LANGUAGE SPOKEN AT HOME IF OTHER THAN ENGLISH	

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

GRANDPARENT INFORMATION

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