



# Bishop McNamara High School

## ST. JOSEPH PROGRAM APPLICATION

Mrs. 5bbY'8J`cb, Director

### APPLICATION REQUIREMENTS:

1. Completed application for admission to Bishop McNamara High School.
2. Submit a copy of your most recent psycho-educational testing (testing must have been completed within the last three years).
3. Submit a copy of your most recent IEP, 504 plan, CAP or Student Service Plan, if applicable.
4. Include an unofficial copy of your transcript and standardized testing.
5. Include 2 letters of recommendation from teachers or tutors (someone who is familiar with your learning style).

### APPLICANT INFORMATION

Name:

Date of birth:

Home Phone:

Cell Phone:

Email Address:

Current address:

City:

State:

ZIP Code:

When do you wish to enter Bishop McNamara? September \_\_\_\_\_ (Enter Year)

Name of school you currently attend:

School's Address:

Are you currently taking any medications? Yes \_\_\_\_ No \_\_\_\_ If so, please list each medication, dosage, and reason for medication.

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### ACCOMMODATION OR STUDENT SERVICES INFORMATION

Are you receiving accommodations or student services at your school? Yes \_\_\_\_ No \_\_\_\_

If yes, please list your accommodations and how often you receive them.

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Name and title of individual(s) providing services:

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Do you receive private tutoring outside of school? Yes \_\_\_\_ No \_\_\_\_ If yes, in what subjects are you tutored?

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*(Application continued on next page)*

**ST. JOSEPH PROGRAM APPLICATION**  
Mrs. Anne Dillon, Director

**LEARNING DIFFERENCES**

When were your learning differences first diagnosed?

\_\_\_\_\_

Date of your most recent diagnostic evaluation?

\_\_\_\_\_

Please list your diagnosed learning differences.

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\_\_\_\_\_

\_\_\_\_\_

Briefly describe, in your own words, how your learning differences currently affect your academic work.

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What support services do you feel are most important for your success in high school?

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\_\_\_\_\_

How did you hear about our program?

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE THAT ALL STUDENTS MUST FIRST COMPLETE AN APPLICATION FOR ADMISSION TO BISHOP MCNAMARA HIGH SCHOOL.**

Signature required below:

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent

\_\_\_\_\_

Date

This application should be completed and returned, along with all required documentation, to:

**Bishop McNamara High School**  
**Office of Admissions St. Joseph Program**  
6800 Marlboro Pike  
Forestville, MD 20747