



Tampa Catholic High School Application Admission Checklist Freshmen Class of 2016



Thank you for your interest in Tampa Catholic High School. Our admissions process is aimed at meeting the individual needs and determining the academic placement of each applicant to Tampa Catholic. The process consists of several parts, all of which must be completed in order for a candidate to receive consideration.

The application cannot be processed if incomplete.

Incoming 9th grade applicants must complete the following and send to Tampa Catholic:

- Student Application Form
- \$45 Application Fee
- Signed Official Transcript Release forms. *The form on page 4 is used by the Registrar to request final transcripts in June after acceptance and registration.

Mail to your child's school: Attention Front Office. *Do not give recommendation form to a teacher.

- Admissions Transcript Release form. *This form should be given to current school for them to complete and send records to Tampa Catholic. Keep in mind we are asking for the 1st semester report card and schools cannot send records to TC until mid January.

Please Note: All prospective ninth grade students must take a High School admissions exam in order to apply to Tampa Catholic. Applications and \$45 fee must be mailed or delivered to the Admissions Office at least two weeks prior to testing.

Tampa Catholic Admissions Exam Dates: November 19, 2011 December 10, 2011 January 21, 2011

****To be eligible for the Tampa Catholic Academic Scholarships, prospective students are required to take the first admissions test that is offered on November 19th.**

Admissions Test

Students must arrive by 7:45 a.m. on the date of their scheduled test and should report to the Center building where the test will be administered. We will begin checking in promptly at 8:00 a.m. and will be completed by 11:00 a.m. Arrival time for the December and January test should be approximately 8:00 a.m. with check-in at 8:15 a.m.

Notification of Acceptance

Students will receive a letter of notification from Tampa Catholic in February. This letter will indicate acceptance status or advise if additional information on the student is required prior to being accepted. Freshman class size is limited. Registration packets will be mailed to those students who have been accepted prior to the **March 16th** registration date.

Return to:

**Mrs. Jamie Lynch
Tampa Catholic High School
4630 North Rome Avenue
Tampa, Florida 33603**

IMPORTANT INFORMATION MANDATED BY FLORIDA STATE LAW

* Current Health records (physical – state form only) and proof of immunization are required after registration. They are to be mailed or delivered to Mrs. Lynch by July 15th.

*Any student who has not submitted a current physical and proof of immunizations before the beginning of school will not be able to attend orientation or class.

**Tampa Catholic High School Admissions
4630 North Rome Avenue**



Tampa, FL 33603
(813) 870-0860
fax (813) 877-9136
www.tampacatholic.org

9th Grade APPLICATION FORM

Note: Please PRINT the information requested on this form.

Testing Date: _____ November 19th _____ December 10th _____ January 21st

Student:

Last Name

First Name

Middle

Student's Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: (____) _____ Sex: _____

Birth Date: ____/____/____ SS#: _____

Must include to process

School Presently Attending: _____

School Address: _____

Religious Affiliation: _____ Parish Affiliation: _____

PARENTAL/GUARDIAN INFORMATION:

Student lives with: (please circle): Both Parents Mother Father Guardian _____
(relationship)

Mother/Female Guardian: _____
(Title) (Last Name) (First Name)
Mrs./Ms/Dr./other

Business Phone: (____) _____ E-mail Address _____

Father/Male Guardian: _____
(Title) (Last Name) (First Name)
Mr./Dr./other

Business Phone: (____) _____ E-mail Address: _____

Indicate name(s) of brothers/sisters who are attending or who have graduated from TC or parents who are TC alumni:

Name _____ Year _____ Relationship to applicant _____

Name _____ Year _____ Relationship to applicant _____

Does the student have any illness, diseases, physical disabilities, or learning disabilities that may affect his/her general health or his/her participation in the school's academic, or co-curricular life? Yes No

Please describe any physical limitations or learning disabilities that might affect your child's participation in the school's academic or co-curricular activities (including athletics).

1. Has your child been evaluated for learning difficulties? Yes No
2. Has your child ever been diagnosed with any type of learning disability? Yes No
3. Does your child have a student support plan, I.E.P., or 504 plan? Yes No

Has your child ever been arrested or involved in any serious behavioral or criminal activities requiring disciplinary action?

Yes No If Yes, please explain:

PLEASE NOTE:

If you have answered YES to any of the questions above, you must submit the written documentation in order for the application to be processed. No prospective student will be given accommodations on the Admissions Test without proper documentation nor can academic placement be chosen or services received.

I verify that all the information above is accurate to the best of my knowledge.

Parent signature _____ Date _____

Student Signature _____ Date _____

**DO NOT DETACH
FOR TAMPA CATHOLIC OFFICE USE ONLY**

OFFICIAL TRANSCRIPT RELEASE FORM

Please Print or type:

TO: _____
(Name of current School)

(Street) (City) (State) (Zip Code)

I hereby authorize you to release to Tampa Catholic High School all pertinent academic information (standardized test results, student's school record--including grades and student support plans), any academic diagnostic testing (concerning learning disabilities) and any other information deemed appropriate.

STUDENT INFORMATION

Name _____
(Last) (First) (Middle)

Birthdate ____/____/____
(Month) (Day) (Year)

Parent/Guardian Signature: _____

Date: _____

Records to be sent to: **Tampa Catholic High School
Registrar's Office
4630 N. Rome Avenue
Tampa, Florida 33603**

The following pages (5 through 9) are to be given to your child's school

TRANSCRIPT RELEASE FORM TO REQUEST RECORDS FROM CURRENT SCHOOL

Please submit the following to either the front office or guidance receptionist in your child's school. **Do not give the following paperwork to a teacher to complete.** The school will submit it to the correct teacher for completion. No other letters of recommendation are required. Your child's school will then attach the completed recommendation form to copies of 7th and 8th grade report cards, and the last standardized test score.

To Whom It May Concern:

Attached please find the recommendation form for the student from your school who have expressed an interest in attending Tampa Catholic High School for the next school year. I realize that you and your faculty are very busy, so I do appreciate the time and effort you expend in filling out these forms. Your recommendations are a valuable source of information for us as we assess each student's record during the placement process.

Please return the completed recommendation to me as soon as you are able to do so. We need to have them in order to process the application. I realize that this should not be sent back to me until after the first semester. Receipt of partial information delays the process so kindly wait until **all records** requested can be sent together.

Thank you for your cooperation.

Sincerely,



Mrs. Jamie S. Lynch

Director of Admissions

Tampa Catholic High School requests:

- 7th grade report card
- 8th grade report card (first semester or trimester)
- last standardized test score
- attached completed recommendation form

These forms must be submitted by the end of January for the student to be considered for admission before the March registration. No student will be considered if partial records are sent.

Tampa Catholic High School
4630 North Rome Avenue
Tampa, Florida 33603

Please Print or type:

TO: _____
(Name of current School)

(Street)

(City)

(State)

(Zip Code)

I hereby authorize you to release to Tampa Catholic High School all pertinent academic information (standardized test results, student's school record--including grades and student support plans), any academic diagnostic testing (concerning learning disabilities) and any other information deemed appropriate.

Note: These records may be unofficial. They are necessary for determination of acceptance and placement.

STUDENT INFORMATION

Name _____
(Last) (First) (Middle)

Birthdate ____/____/____
(Month) (Day) (Year)

Parent/Guardian Signature: _____

Date: _____

Records to be sent to:

**Mrs. Jamie Lynch
Director of Admissions
Tampa Catholic High School
4630 N. Rome Avenue
Tampa, Florida 33603**

Name of Student: _____

School Attending: _____

GRADE SCHOOL RECOMMENDATION

The above student has expressed an interest in attending Tampa Catholic High School. For incoming freshmen, Tampa Catholic High School offers three (3) programs of studies designed to meet the needs of students with differing learning abilities. Students are placed in courses on the basis of the following: an evaluation of Admission Test scores, standardized achievement test scores, 7th and 8th grade report cards, and teacher recommendations.

To better assist us in proper academic placement, please complete the following information and return it to Mrs. Jamie Lynch, Director of Admissions, with the following:

(PLEASE ATTACH ALL REQUESTED INFORMATION – DO NOT SEND PARTIAL RECORDS)

Standardized Testing: Please attach a copy of the 7th and 8th grade standardized test score reports (or most recent test score)

Report Cards: Please include a copy of the 7th grade report card and the 1st and 2nd quarter 8th grade report card

Indicate how strongly the following statements agree with your impression of the student:

	5- strongly agree	4- agree	3-neutral	2-disagree	1-strongly disagree
1. Student is well motivated.				5	4 3 2 1
2. Student completes assigned tasks promptly.				5	4 3 2 1
3. Student gets along with peers.			5	4	3 2 1
4. Student deals well with persons in authority.			5	4	3 2 1
5. Student demonstrates leadership qualities.			5	4	3 2 1
6. Student works independently without close supervision	5			4	3 2 1
7. Student demonstrates respect for classmates			5	4	3 2 1
8. Student demonstrates respect for property.			5	4	3 2 1
9. Parents show interest in their child's academics.			5	4	3 2 1
10. Parents are involved with the school.			5	4	3 2 1

Additional comments (if applicable): _____

PLACEMENT RECOMMENDATIONS

HONORS	Standardized test scores: 85 - 99 percentiles Report card grades of 90+	Highly motivated, superior thinking, reading and writing skills.
COLLEGE PREP II	Standardized test scores: 40 - 84 percentiles Report card grades of 80+	Good study skills; on or above grade level thinking, reading, and writing skills.
COLLEGE PREP I	Standardized test scores: 10 - 39 percentiles Report card grades of 70+	Diligent worker, reading and writing skills not more than 2 years below grade level.

PLEASE INDICATE IN WHICH MATH COURSE THE STUDENT IS ENROLLED AT THIS TIME:

_____ 8th grade Math _____ Pre-Algebra _____ Algebra I _____ High School Algebra I

TEACHER RECOMMENDATIONS

Please choose the appropriate course you would recommend for this student:

Math _____ Algebra 1 College Prep I (fair computational skills, works at slower pace)
 _____ Algebra 1 College Prep II (successful completion of pre-Algebra or Math 8)
 _____ Algebra 1 Honors (B average in Algebra 1)
 _____ Geometry

Science - Biology _____ Honors _____ College Prep II _____ College Prep I

English/Social Studies _____ Honors _____ College Prep II _____ College Prep I

Name: _____ Position: _____

Signature: _____ Date: _____

To be completed by the Principal

Has the student had discipline or attendance problems? Yes ____ No ____

If yes, please explain: _____

Does the student have a support plan? Yes ____ No ____

Is the student receiving or have received accommodations at this school? Yes ____ No ____

Is this family current in their financial obligation to the school? Yes ____ No ____ Does not apply _____

If no, please explain (if applicable): _____

Is this family supportive of the missions and values of Catholic education?

Circle one: Very supportive Supportive Not supportive

_____ I cannot make any recommendation regarding the family's support of Catholic mission and values since this is not a Catholic school.

Please circle one of the following:

I **strongly recommend** **recommend** **do not recommend** this student for acceptance to
Tampa Catholic High School.

Principal's Signature: _____

Date: _____