



# Bishop McNamara High School

## ST. JOSEPH PROGRAM APPLICATION

Mrs. Elaine Greene, 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.

---

---

### 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.

---

---

---

Name and title of individual(s) providing services:

---

---

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

---

*(Application continued on next page)*

**ST. JOSEPH PROGRAM APPLICATION**  
Mrs. Elaine Greene, Director

**LEARNING DIFFERENCES**

When were your learning differences first diagnosed?

\_\_\_\_\_

Date of your most recent diagnostic evaluation?

\_\_\_\_\_

Please list your diagnosed learning differences.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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