



BISHOP KEOUGH REGIONAL HIGH SCHOOL

145 POWER ROAD ♦ PAWTUCKET, RHODE ISLAND ♦ 02860

TEL: 401-726-0335 ♦ FAX: 401-726-0336

WWW.BISHOPKEOUGH.ORG

STUDENT APPLICATION

(THERE IS A NON-REFUNDABLE REGISTRATION FEE OF \$100)

DATE OF APPLICATION: _____ ACADEMIC YEAR APPLIED FOR: _____

APPLICANT NAME: _____
(FIRST) (MIDDLE) (LAST)

DATE OF BIRTH: _____ BIRTHPLACE: _____
(MONTH/DAY/YEAR) (CITY/STATE)

ADDRESS: _____
(NUMBER & STREET) (CITY) (STATE) (ZIP CODE)

MAILING ADDRESS: _____
(IF DIFFERENT FROM ABOVE)

HOME PHONE: _____ E-MAIL: _____

RELIGION: _____ PARISH OR CHURCH: _____

CURRENT SCHOOL: _____
NAME CITY/STATE

CURRENT GRADE: _____ APPLYING FOR GRADE (CIRCLE ONE) 9 10 11 12

IF APPLICANT HAS ATTENDED ANOTHER SCHOOL IN THE PREVIOUS TWO YEARS, PLEASE INDICATE:

(NAME OF SCHOOL) (CITY) (GRADES)

(NAME OF SCHOOL) (CITY) (GRADES)

TELL US ABOUT YOURSELF:

HOW WOULD YOU DESCRIBE YOUR ACADEMIC ACHIEVEMENTS?

HAVE YOU BEEN INVOLVED IN ANY ACTIVITIES OR SPORTS? PLEASE DESCRIBE.

HOW DO YOU SEE YOURSELF BENEFITING FROM BISHOP KEOUGH HIGH SCHOOL?

SIGNATURE OF APPLICANT: _____