

**BRISTOL COUNTY AGRICULTURAL HIGH SCHOOL  
135 CENTER ST.  
DIGHTON, MASSACHUSETTS 02715  
TELEPHONE: (508) 669-6744**

**Application for Admission**

**Directions:**

Please fill in the required information and **return this form to your guidance counselor.** Your guidance counselor will forward your application with a transcript of your junior high/middle school record or current high school record. When all necessary records have been received, you will be contacted by a member of the Admissions Board to set up a personal interview. If you have any questions, please feel free to contact us by letter, fax or telephone. Thank you for your interest in BCAHS. **Applicants, parents/guardians, guidance counselors, and your school's administrator in charge of discipline must sign this form.**

**NOTE: NO ACTION WILL BE TAKEN ON INCOMPLETE OR INACCURATE APPLICATION FORMS.**

The Admissions Board reserves the right to reject a previously accepted student should information and/or conditions change the student's ranking. Copies of the Admissions Policy are available upon request in the main office.

(Please print in ink or type)

|   |  |  |
|---|--|--|
| Indicate the grade to which you are applying: _____9 _____10 _____11                      |  |  |
| Name: (Last) _____ (First) _____ (Middle) _____   |  |  |
| Address: (Street) _____ (City/State/Zip) _____  |  |  |
| Home Telephone: _____ D.O.B.: (month) _____ (day) _____ (year) _____                      |  |  |
| City of Birth: _____  |  |  |
| School Presently Attending: _____ Present Grade _____ Years Attended _____                |  |  |
| School Last Attended: _____ Last Grade Completed: _____ Date Left: _____                  |  |  |
| School Activities/Clubs: _____  |  |  |
| Community Activities: _____   |  |  |
| Special Recognition/Honors: _____   |  |  |
| Why do you want to attend BCAHS? _____  |  |  |
| Do you know anyone who is attending/has attended BCAHS? (yes) _____ (no) _____ Who? _____ |  |  |

| FAMILY DATA:             | FATHER | MOTHER |
|--------------------------|--------|--------|
| Name of Parent/Guardian: | _____  | _____  |
| Address:                 | _____  | _____  |
| City/State/Zip           | _____  | _____  |

**AFFIRMATIVE ACTION INFORMATION**

The completion of the following section is VOLUNTARY and is NOT REQUIRED for admission. The Massachusetts Department of Education requests that we collect this information, to be used solely for affirmative action purposes. We would appreciate your responding to this section.

**Applicant's Race:**

Hispanic \_\_\_\_ Asian \_\_\_\_ Black \_\_\_\_ Native American \_\_\_\_ White \_\_\_\_ Other(specify) \_\_\_\_\_

**Primary Language spoken in the applicant's home:** \_\_\_\_\_

Need interpretive services? \_\_\_\_\_ Need translated forms? \_\_\_\_\_

**Applicant's Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

**SPECIAL SERVICES (optional)**

*This information will not be used as a condition of admission.*

Does this student **currently** receive services under:

**Title 1:** yes \_\_\_\_ no \_\_\_\_ **Special Educ.:** yes \_\_\_\_ no \_\_\_\_ **ESL/Bilingual:** yes \_\_\_\_ no \_\_\_\_ **Section 504:** yes \_\_\_\_ no \_\_\_\_

Has this student **ever** received services under:

**Title 1:** yes \_\_\_\_ no \_\_\_\_ **Special Educ.:** yes \_\_\_\_ no \_\_\_\_ **ESL/Bilingual:** yes \_\_\_\_ no \_\_\_\_ **Section 504:** yes \_\_\_\_ no \_\_\_\_

**PARENT AND APPLICANT SIGNATURES**

I hereby apply for enrollment into Bristol County Agricultural High School. If accepted, I agree to abide by the rules and regulations of the school, as outlined in the "Student Handbook" (revised yearly). **My signature authorizes the release of all information requested with this application**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As the parent/guardian (circle one) of the above student, I hereby approve this application. I further agree to provide the necessary time, cooperation and support needed to help my child to fulfill all the requirements of BCAHS. **My signature authorizes the release of all information requested with this application.**

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY THE COUNSELOR OF THE SENDING SCHOOL**

**Attendance Record:**

**SASID#** \_\_\_\_\_

For Grade 7 and 8, or current grade, provide **total** number of absences, **including excused, unexcused and medical.** \_\_\_\_\_

How many of the above absences have been **medically** excused? \_\_\_\_\_

**Grades:** For Grade 9 applicants, attach a student transcript for Grade 7 and Grade 8 (all other applicants, attach most recent transcript)

**COUNSELOR'S OBSERVATIONS**

**Current Course Levels**

(If "other," please specify.)

|                |             |               |            |            |
|----------------|-------------|---------------|------------|------------|
| <b>English</b> | Honors_____ | Standard_____ | Basic_____ | Other_____ |
| <b>Reading</b> | Honors_____ | Standard_____ | Basic_____ | Other_____ |
| <b>Math</b>    | Honors_____ | Standard_____ | Basic_____ | Other_____ |
| <b>Science</b> | Honors_____ | Standard_____ | Basic_____ | Other_____ |

*HOW WOULD YOU RATE THE CANDIDATE AS TO:*

|                               |                |                    |              |                        |
|-------------------------------|----------------|--------------------|--------------|------------------------|
| <b>Peer Relationships:</b>    | Excellent_____ | Good_____          | Fair_____    | Needs Improvement_____ |
| <b>Teacher Relationships:</b> | Excellent_____ | Good_____          | Fair_____    | Needs Improvement_____ |
| <b>Academic Ability:</b>      | Excellent_____ | Above Average_____ | Average_____ | Needs Improvement_____ |
| <b>Motivation:</b>            | Excellent_____ | Above Average_____ | Average_____ | Needs Improvement_____ |
| <b>Writing Skills:</b>        | Excellent_____ | Above Average_____ | Average_____ | Needs Improvement_____ |
| <b>Speech:</b>                | Excellent_____ | Above Average_____ | Average_____ | Needs Improvement_____ |

**SUGGESTED MATH LEVEL FOR GRADE 9**

**PRE-ALGEBRA \_\_\_\_\_ ALGEBRA \_\_\_\_\_ GEOMETRY \_\_\_\_\_ OTHER \_\_\_\_\_**

**GUIDANCE COUNSELOR RECOMMENDATION (COMMENTS):**

\_\_\_\_\_  
Signature of Guidance/School Adjustment Counselor

\_\_\_\_\_  
Date

**OVER**

**TO BE COMPLETED BY DISCIPLINARY OFFICIAL**

**Attach a detailed Citizenship/Discipline Report for Grade 7 and 8 with this form.**

Has this student ever been suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

Reasons for suspension: \_\_\_\_\_

Signature of Disciplinarian: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**COUNSELOR'S CHECKLIST FOR COMPLETED APPLICATION**

**Signatures:** Student \_\_\_\_\_ Guidance Counselor \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Disciplinarian \_\_\_\_\_

**Records:** Grade 7 Academic Transcript \_\_\_\_\_ Grade 8/Current Academic Transcript \_\_\_\_\_  
Grade 7 Discipline Report \_\_\_\_\_ Grade 8 Discipline Report \_\_\_\_\_  
Grade 7 Attendance Report \_\_\_\_\_ Grade 8 Attendance Report \_\_\_\_\_

**Other:** Counselor Ratings \_\_\_\_\_ Additional Recommendations \_\_\_\_\_

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**(For Use by Admissions Board Only)**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Action Taken: Accepted \_\_\_\_\_ Declined \_\_\_\_\_ Wait List \_\_\_\_\_ Other (specify ) \_\_\_\_\_

Date of Action: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Score: \_\_\_\_\_ Rank: \_\_\_\_\_

Note: NO PERSON SHALL BE ADMITTED TO OR EXCLUDED FROM ADMISSION TO BRISTOL COUNTY AGRICULTURAL HIGH SCHOOL UNDER THE CONDITION OF RACE, COLOR, GENDER, DISABILITY, RELIGION, NATIONAL ORIGIN OR SEXUAL ORIENTATION.

Revised 9/2005