



## **Transfer Student Checklist - For Students and Families**

### **Registration Process: Before Admission**

- Contact Grade Level Counselor
- Receive Transfer Student Information Packet
- Complete packet and collect necessary documentation
- Return completed packet to grade level Counselor
- Receive interview time/date from Counselor
- Complete interview process
- If approved for enrollment, proceed to *Post Approval* instructions below

### **Registration Process: Post Approval**

- Select courses with Counselor
- Meet with Business Department to review registration process and make registration payment and first tuition payment
- Receive SnapCode registration invitation via email
- Complete SnapCode registration
- Complete tuition account setup, per Business Department's instructions
- Notify Business Department once registration *and* tuition account setup are complete
- Purchase/Order Uniforms from Land's End or Ratcliff Ink/OkiePrint

### **Enrollment Process: Post Registration**

- Receive schedule, Powerschool information, locker #, school map, iPad preparation information sheet
- Complete iPad preparation per info sheet
- Schedule appointment with IT Department to setup iPad
  - JAMF profile will be installed
  - Books and Apps will be assigned
  - Receive Google account information
- Receive account information from Moodle Administrator
- Take ID photo and receive ID from Powerschool Administrator
- Receive Parking Pass: Provide make, model, color, and plate # to Vice Principal
- Begin as a Bishop McGuinness Student!



## Transfer Application

Thank you for your interest in Bishop McGuinness Catholic High School. Please complete the following application and return to the school as soon as possible.

### REQUIRED DOCUMENTS FOR ENROLLMENT

- Completed Application Packet
- Transcript
- Current Courses and Grades (if transferring after the semester has begun)
- IEP, 504 Plan, Documentation of Modification/Accommodations, Psychoeducational Testing
- Immunization Records
- Birth Certificate
- Any additional testing (ITBS, ACT, PSAT, OCCT)

### COUNSELOR CONTACTS:

Freshman Counselor  
Laura O'Hara  
Email: [lohara@bmchs.org](mailto:lohara@bmchs.org)  
Phone: 405-758-4900

Sophomore Counselor  
Director of Wellness  
Rebecca Damron-Whitehead  
Email: [rdamron@bmchs.org](mailto:rdamron@bmchs.org)  
Phone: 405-758-4895

Junior Counselor  
Veleecia Hearne  
Email: [vhearne@bmchs.org](mailto:vhearne@bmchs.org)  
Phone: 405-758-4924

Senior Counselor/ Department Director  
Sandy Nedbalek  
Email: [snedbalek@bmchs.org](mailto:snedbalek@bmchs.org)  
Phone: 405-758-4894

**If you are applying during the summer, please direct inquiries to our administrative staff:**

Principal  
David Morton  
Email: [dmorton@bmchs.org](mailto:dmorton@bmchs.org)  
Phone: 405-758-4909

Director of Curriculum and Testing  
Andrew Worthington  
Email: [aworthington@bmchs.org](mailto:aworthington@bmchs.org)  
Phone: 405-758-4516

Assistant Principal of Academics  
Anne Hathcoat  
Email: [ahathcoat@bmchs.org](mailto:ahathcoat@bmchs.org)  
Phone: 405-758-4653

Admissions Coordinator  
Richard Henderson  
Email: [rhenderson@bmchs.org](mailto:rhenderson@bmchs.org)  
Phone: 405-758-4919



## Application for Admission

Application for admission will not be reviewed until all material has been received by McGuinness. Completion of application is not a confirmation of acceptance.

Student Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Projected Graduation Year: \_\_\_\_\_

Current School: \_\_\_\_\_

Address of Primary Residence: \_\_\_\_\_  
Street Number

\_\_\_\_\_

City

State

Zip

Parent/Guardian 1 Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### ADMIN ONLY

Student Number: \_\_\_\_\_



## Release of Records

Student's Current School: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_

The above student has applied for admission to Bishop McGuinness Catholic High School. We appreciate your assistance in acquiring the documents listed below. All information provided is treated as confidential. If you have any questions, please contact the registrar or counseling department at (405) 842-6638.

I hereby give my permission to release the following information requested by Bishop McGuinness Catholic High School:

- Copy of transcripts
- Standardized test scores
- Attendance records
- Immunization records
- Birth certificate
- Behavioral observations
- 504 Plan, IEP, documented accommodations/modifications, psychoeducational testing

Please forward the above information to: Iva Owens, Registrar  
Bishop McGuinness Catholic High School  
801 NW 50th St.  
Oklahoma City, OK 73118

Information may also be faxed to: (405) 848-9550

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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



## Transfer Recommendation

This form is to be completed by a principal or counselor. All information will be treated as confidential.

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Current School: \_\_\_\_\_

How long and in what capacity have you worked with this student? \_\_\_\_\_

Why do you feel this student is leaving their current school? \_\_\_\_\_

Do you recommend this student for admission to Bishop McGuinness Catholic High School? Why or why not? \_\_\_\_\_

Please describe this student including strengths/weaknesses, special interests, etc.  
\_\_\_\_\_  
\_\_\_\_\_

Has this student been involved in any disciplinary action while at your school? Please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Does this student have a diagnosed learning disability? If so, what modifications have been made for this student? \_\_\_\_\_

Does this student currently have a 504 plan or an IEP?  Yes  No If yes, provide a copy.  
Is this student enrolled in Oklahoma's Promise?  Yes  No  
Is this student registered with NCAA?  Yes  No

Please provide the total number for the current year: Absences: \_\_\_\_\_ Tardies: \_\_\_\_\_

Principal/Counselor Signature: \_\_\_\_\_

**Return to:** Counseling Department, BMCHS  
801 NW 50th, Oklahoma City, OK 73118  
Fax: 405-848-9550



## Parent Form

Student Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Please explain why you want this student to attend McGuinness. \_\_\_\_\_

\_\_\_\_\_

Please describe this student, including strengths and areas of interest.

\_\_\_\_\_

\_\_\_\_\_

Has this student been tested for any learning disability?\*  No  Yes Date? \_\_\_\_\_

Does the student currently have a 504 Plan or IEP?\*\*  No  Yes

Do you plan to apply for our REACH Program or Special Services?  No  Yes

**\*Please attach a copy of current recommendations/accommodations and/or copy of student's most recent psychoeducation testing.**

Does this student have any learning problems that are not diagnosed disabilities? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

Is this student currently enrolled in any tutoring or special education programs or classes outside of the regular school day? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

Have there been any changes in the student's family in the past 3 years? (divorce, death, moves, remarriage)? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

Are you aware of any emotional changes in this student in the past 5 years? \_\_\_\_\_

\_\_\_\_\_

With whom does the student live? If different residences, who does the student live with primarily during the school year?

\_\_\_\_\_

Do you anticipate applying for financial aid?  No  Yes

Are you and your family active members of a local Catholic Parish?  No  Yes

**\*\*Must provide relevant documentation in order to apply for ACT accommodations.**



## Student Form

Student Name: \_\_\_\_\_

Please explain why you would like to attend Bishop McGuinness and how you would positively contribute to the school as a student. \_\_\_\_\_

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Share your high school and future goals. \_\_\_\_\_

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Tell us about yourself, including interests, talents, hobbies, church activities, and jobs.

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What subjects are you most interested in academically? \_\_\_\_\_

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List all community activities you have participated in throughout your high school career, such as athletics, art, music, science, volunteer work\*, etc. \_\_\_\_\_

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Have you failed any classes during your high school career? \_\_\_\_\_

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Is there any other information you want to share about yourself? \_\_\_\_\_

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**\*Please note that any volunteer service hours must be approved through your school in order to be accepted by McGuinness.**