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**Application for Admission to SAIL Program**

\_\_\_\_\_  
Full name of applicant – Date

I understand that this application for enrollment for my \_\_\_\_\_  
Relationship

is subject to the conditions stated in the printed materials and to the regulations of the school. (i.e., completion of all phases of the application process, determination of appropriate match between student needs and school resources).

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

.....  
This application and all materials listed below must be returned to the Office of Admissions at Archbishop McNicholas High School in order for the student to be considered for admission to the SAIL Program. Upon receipt of the material, an admissions committee will review all the information. The Parents and the child may be invited for an interview. The Director of the SAIL Program will then advise you concerning the appropriateness of the program for your student.

Please check off each component of the full application as it is completed and mail the completed application to the Office of Admissions at Archbishop McNicholas High School.

- \_\_\_\_\_ Multifactor Evaluation (ETR) completed within the last three years (IQ and Achievement test results)
- \_\_\_\_\_ Residence and Referral Form
- \_\_\_\_\_ School Information Form
- \_\_\_\_\_ Parent/Physician Form
- \_\_\_\_\_ Parent Information Form
- \_\_\_\_\_ Student Information Form
- \_\_\_\_\_ Educational Specialist Form
- \_\_\_\_\_ Application fee of \$50.00 in check or money order
- \_\_\_\_\_ Student is scheduled for or has taken the entrance test on \_\_\_\_\_

Please return all forms and payment to:

Renee Herndon  
SAIL Program  
McNicholas High School  
6536 Beechmont Avenue  
Cincinnati, Ohio 45230 at rherndon@mcnhs.org

## RESIDENCE and REFERRAL FORM

### Applicant Information:

I am applying for the McNicholas High School Class of 20\_\_\_\_\_

I am a transfer student \_ yes \_\_\_ no

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

Preferred name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

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

\_\_\_\_\_   
City State Zip Code

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

\_\_\_\_\_ Male \_\_\_\_\_ Female

Public School District of Residence \_\_\_\_\_

Parish \_\_\_\_\_

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### Parent Information (please print):

*Father/Stepfather (Guardian)*

*Mother/Stepmother (Guardian)*

\_\_\_\_\_   
First Last Mrs. / Ms. /Dr.

\_\_\_\_\_   
First Last

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_   
City Zip Code State Zip Code

\_\_\_\_\_   
City State

\_\_\_\_\_ / \_\_\_\_\_   
Home Phone # Cell Phone #  
Phone #

\_\_\_\_\_ / \_\_\_\_\_   
Home Phone # Cell

Preferred Email \_\_\_\_\_

Preferred Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer

Occupation \_\_\_\_\_ Employer

McNicholas High School Alum? \_\_\_\_\_ Year of graduation: \_\_\_\_\_

McNicholas High School Alum? \_\_\_\_\_

Year of graduation: \_\_\_\_\_

With whom does the student reside: \_\_\_\_\_

Who referred you to McNicholas High School?

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What was the reason for referral?

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What have you told your child about the S.A.I.L. Program?

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What was his/her reaction to come to McNicholas?

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What are your expectations of the McNicholas High School S.A.I.L. Program if your child is enrolled?

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McNicholas High School strives to work closely with each student enrolled. To be effective we need full information about each child and assume that you have included all important information of a medical, psychological or disciplinary nature.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Parent Information Form**  
(Confidential)

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Student name/date

What are your child's greatest strengths?

What is your understanding of what is interfering with your child's learning?

What methods or techniques have you found to be successful and assist your child in learning?

What academic areas have typically been the most difficult for your child?

What impact has your child's academic struggles had on his/her interpersonal relationships with peers?

In the McNicholas SAIL Program, students are mainstreamed in all classes. Tutorial support is offered one period per day, each day. Why do you feel this type of program best fits your child's needs?

Describe the child's relationship with various members of the family.

What type of discipline methods is most effective in dealing with your child?

Does your child frustrate easily? \_\_\_\_\_ What types of things frustrate him/her?

What does your child like to do with his/her free time?

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Parent/Guardian Signature

Please return this form to:

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SAIL Program  
McNicholas High School  
6536 Beechmont Avenue  
Cincinnati, Ohio 45230 at [rherndon@mcnhs.org](mailto:rherndon@mcnhs.org)

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### School Information

Student is now in the \_\_\_\_\_ grade at \_\_\_\_\_ School

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_ Name of Principal \_\_\_\_\_

Public School District \_\_\_\_\_

Has your child ever repeated any grades? \_\_\_\_\_  
Yes No

If yes, which grade and why?

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

Please list all schools for the grades:

7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_

Does your child receive supportive help in school now or the past?

Please check grades in which special help was received.

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>
Remedial Reading								
Remedial Math								
Academic Intervention in school								
Speech or Language therapy in school								
Speech or Language therapy- private								
Occupational therapy								
Private tutoring								

List the names and phone numbers of specialists/tutors etc. currently working with your child?

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Describe the services your child is currently receiving.

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The form labeled **EDUCATIONAL SPECIALIST/TUTOR FORM** must be sent to your child's current educational specialist(s). When it is completed you must return the form to the Office of Admissions at McNicholas High School.

Please return this form to:

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SAIL Program  
McNicholas High School  
6536 Beechmont Avenue  
Cincinnati, Ohio 45230 at [rherndon@mcnhs.org](mailto:rherndon@mcnhs.org)



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**Student Information Form**  
(Confidential)

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Student name/date

1. What are your greatest strengths?
2. What do you like to do in your free time?
3. Why do you want to come to McNicholas High School?
4. What interferes with your learning?
5. What method or strategies do you use to help yourself cope with your learning challenges so that you can succeed in school?
6. What methods or strategies have your parents used to help you with schoolwork?



7. What methods have teachers or tutors used to help you with schoolwork?
8. What are the school subjects or school tasks, which are the most difficult for you?
9. How does your learning challenge affect your relationship with peers?
10. How was discipline handled at your previous school?
11. Were you ever disciplined at your previous school? \_\_\_\_\_ Explain.
12. Do you have any questions about the S.A.I.L. Program?
13. What positive influence will you have on the McNicholas School community?

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Student Name/Date

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McNicholas High School  
6536 Beechmont Avenue  
Cincinnati, Ohio 45230 or at [rherndon@mchs.org](mailto:rherndon@mchs.org)



**Educational Specialist/Tutor Form**

(To be completed by any specialist currently working with student)  
Please make copies if more than one specialist is involved.

1. How long have you worked with this student?
  
  
  
  
  
  
  
  
  
  
2. What is your understanding of the student's learning challenges?
  
  
  
  
  
  
  
  
  
  
3. What instructional methods or techniques have you found to be the most successful in working with this student?
  
  
  
  
  
  
  
  
  
  
4. What are the student's greatest strengths?
  
  
  
  
  
  
  
  
  
  
5. What academic areas have typically been the most difficult for this student?
  
  
  
  
  
  
  
  
  
  
6. What impact has the student's learning challenges had on his/her interpersonal relationship with peers?

7. In the McNicholas SAIL Program students are mainstreamed in all classes. Tutorial support is offered one period each day. Do you feel this type of program best fits this child's need?

8. What discipline strategies have you found to be effective with this student?

Please rate the following behaviors of the student as poor/fair/good.

	POOR	FAIR	GOOD
Ability to work independently			
Ability to follow oral/written direction			
Ability to complete class work			
Ability to complete homework			
Ability to work with adults			
Ability to work with peers			
Ability to attend to tasks			
Ability to organize self			
Ability to assume personal responsibility			

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Sign and date

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**Physician Form**

(CONFIDENTIAL)

\_\_\_\_\_  
Student Name/Date

Parents, please submit this form to your child's physician for review and signature.

Child's physician & phone number \_\_\_\_\_

Physician's address \_\_\_\_\_

Last medical examination \_\_\_\_\_.

Medication currently being taken \_\_\_\_\_

Reason for medication \_\_\_\_\_

Medications taken in the past \_\_\_\_\_

Reasons for medication \_\_\_\_\_

Has an EEG been done? \_\_\_\_\_ Date \_\_\_\_\_ Reason \_\_\_\_\_

What is the child allergic to? \_\_\_\_\_

Is the child being treated for allergies? \_\_\_\_\_

Does the child have frequent colds, ear infections, or other illnesses? \_\_\_\_\_

Has the child had any serious illnesses, high fevers, convulsions, accidents, or hospitalizations?

\_\_\_\_\_

Has the child ever had a speech and language evaluation?\_\_\_\_\_

If yes, when and where?\_\_\_\_\_

Describe any therapies or treatments which have been recommended in the past (medication, counseling, therapy, occupational therapy, physical therapy, visual tracking therapy, sensory Integration therapy, etc)\_\_\_\_\_

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

Please list all physicians, clinics, agencies which have evaluated or are treating the child

NAME	ADDRESS	DATES	COMMENTS

School professionals should take the following information into consideration with working with this child\_\_\_\_\_

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

Additional comments;\_\_\_\_\_

\_\_\_\_\_

Physician signature & date\_\_\_\_\_

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