

The Catholic High School of Baltimore

2800 Edison Highway
Baltimore, Maryland 21213
Office of Admission:
410.732.6200 ext. 213
Fax: 410.732.7639
www.thecatholichighschool.org

APPLICANT PHOTO

Please attach a recent photo of the applicant. Print the full name on the back of the photo.

APPLICATION FOR ADMISSION APPLICANT AND PARENT/GUARDIAN INFORMATION

Application for grade _____ in the year _____ Are you a first-time applicant? Yes No

Applicant's Last Name **First Name** **Middle Name**

Street Address City State Zip

Home Phone Student's E-mail Address

School Presently Attending Present Grade

Parish (if Catholic) Religious Affiliation

Mother's/Guardian's Full Name [Education: Check all that apply. High School College Post College]

Address (if different from applicant's)

Occupation Job Title Business Address

Work Number (OK to Call?) E-mail Address

Catholic High Graduate Yes (Year of Graduation _____ Maiden Name _____) No

Father's/Guardian's Full Name [Education: Check all that apply. ___ High School ___ College ___ Post College]

Address (if different from applicant's)

Occupation Job Title Business Address

Work Number (OK to Call?) E-mail Address (Continued on reverse)

