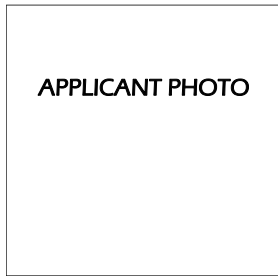


2800 Edison Highway
Baltimore, Maryland 21213
Office of Admissions
Phone: 410.732.6200
Fax: 410.732.7639
www.thecatholichighschool.org



Application for Admission

Applying for Admission to: Grade 9 Grade 10 Grade 11 Today's Date: _____

APPLICANT INFORMATION

Applicant's Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Date of Birth _____

PARENT/GUARDIAN INFORMATION

Indicate if the parents are: Separated Divorced Mother Deceased Father Deceased

Who is financially responsible for the applicant? _____

With whom does the applicant reside? _____

Mother/Guardian's Name _____

Address (If different from the applicant's) _____ Highest Level of Education _____

Place of Business _____ Occupation _____ Job Title _____

Work Phone Number _____ E-mail Address _____

Are you a Catholic High graduate? If so, _____ Maiden Name _____ Year of Graduation _____

Father/Guardian's Name _____

Address (If different from the applicant's) _____ Highest Level of Education _____

Place of Business _____ Occupation _____ Job Title _____

Work Phone Number _____ E-mail Address _____

(Continued on reverse)

FAMILY INFORMATION

Applicant's Sisters/Brothers

Full Name	Grade	Current School
_____	_____	_____
_____	_____	_____

Applicant's relatives who are Catholic High graduates or who are currently attending Catholic High:

Name of Relative (Maiden/Married)	Relationship to Applicant	Year of Graduation
_____	_____	_____
_____	_____	_____

SCHOOL INFORMATION

Present School _____ Grade _____

Schools that you have attended in the past three years: _____

Please indicate a teacher, counselor, or other school official who would recommend you for admission.

School Official's Full Name _____	Phone Number/E-mail Address _____
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Please list other schools where you are applying. _____

Are you interested in The Archangel Program? Yes No

If yes, please include the applicant's most current Individual Education Plan or Psycho-Educational evaluation with this application.

This application must be accompanied by a \$40 non-refundable application fee. Checks should be made payable to The Catholic High School of Baltimore. Applications are also available at www.thecatholichighschool.org/admissions.

_____ Signature of Parent/Guardian	_____ Date
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