

APPLICATION FOR ADMISSION

Admissions Office
Arlington Catholic High School
16 Medford Street, Arlington, MA 02474
781-646-8255

Date: _____

PLEASE TYPE OR PRINT LEGIBLY IN INK

Please check the appropriate box:

Application to grade 9

Application to grade 10

Application to grade 11

Name: _____
Last First Middle

Sex: M F

Address: _____
No. Street City Zip

Phone: ()

Birth Place: _____ Date of Birth: _____ Parent E-mail: _____
Month/Day/Year

Parish: _____
Name City/Town

School Presently Attending: _____
Name City/Town Telephone No.

Father's Name: _____

Mother's Name: _____
(Maiden Name Also)

Home Address: _____
No. Street
City/Town Zip

Home Address: _____
No. Street
City/Town Zip

Please list brothers/sisters who are presently attending Arlington Catholic High School. If they have graduated, please list name (including maiden name if applicable) and their year of graduation. Include parents' names also if applicable.

Name: _____ Relationship: _____ Year of Graduation: _____

Name: _____ Relationship: _____ Year of Graduation: _____

Name: _____ Relationship: _____ Year of Graduation: _____

Name: _____ Relationship: _____ Year of Graduation: _____

(please see other side)

1. Why do you want to attend Arlington Catholic High School?

Lined area for writing the answer to question 1.

2. What contributions do you feel you will make to the Arlington Catholic Community? (Include academics, community service, activities, and athletics, where applicable.)

Lined area for writing the answer to question 2.

Date

Student's Signature

Father's Signature

Mother's Signature

Guardian's Signature