

APPLICATION FOR ADMISSION

3701 Sinclair Lane Baltimore, MD 21213 www.archbishopcurley.org (410)485-5000 phone (410)485-6493 fax

Applying for Financial Aid?

Application Deadline December 15, 2017

I. Student Information: Full Name: Place Preferred Name: Ethnicity: recent photo here (State) (City) Student Email: Home Phone: Current School: _____ Grade: ____ Date of Birth: _____ (OPTIONAL, BUT ENCOURAGED) ____Parish / Congregation: ____ Faith Affiliation: II. Parent/Guardian Information: Applicant Resides with: (please check) Parents Together Father Mother Other: Father/Male Guardian: (Last) (Suffix) (First) Address (if different from above): (State) Home Phone: Cell Phone: Workplace: ___ Occupation: Work Email: Home Email: Mother/Female Guardian: ____ Address (if different from above): (Street) (State) Home Phone: Cell Phone: Workplace: ___ Occupation: ___ Home Email: ____ Work Email: III. Family Information: Number of brothers: ____ older ____ younger Number of sisters: _____ older _____ younger Please list the names of family member(s) who currently attend, or have attended, Archbishop Curley, their relationship to you, and year of graduation.

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IV. Student Involvement: Please list all clubs/activities in which you participate both inside and outside of school:	
Please check all of the following sports in which you participate:	
BaseballBasketballCross CountryFootballGolf	_SwimmingLacrosseIce Hockey
Track & FieldTennisSoccerVolleyballWrestling	_Other ()
Please list any Honors/Awards you have received:	
IV. Parent Statement:	
Please briefly describe your son:	
Has your son ever received professional testing/evaluation for special learning r	needs? If so, please elaborate.
(Please supply any supporting documentation to help with proper placement and accommodations, for example, IEPs, 504 Plans, etc.)	
V. Student Essay:	
In a well-developed, typed essay, please address the following his middle school experiences, situations he has encountered, middle school experience, what advice would you give to an in The essay MUST accompany the application.	and lessons he has learned. In reflecting on your own
(Signature of Applicant)	(Date)
(Signature of Parent/Guardian)	(Date)
(Signature of Parent/Guardian)	(Date)

**A non-refundable Application Fee of \$25 must accompany this application to be considered complete. Make checks payable to Archbishop Curley High School and mail all materials to:

Archbishop Curley High School Attention: Admissions Office 3701 Sinclair Lane Baltimore, MD 21213