



A Catholic, Dual-Language, Community School.
 3500 Foster Avenue Baltimore, Maryland 21224
 410-276-6534(P) 410-276-6534(F) www.abbschool.com

Application for Admission

Please note that we will require a \$30.00, non-refundable application fee (check or money order) for each student. We must receive this fee before we can review your application

Today's Date: _____

Applying for School Year: 2016-2017 2017-2018 2018-2019

Section I: Student Information

First Name:	Middle Initial:	Last Name:
Applying for Grade(circle uno): PK3 PK4 K 1 2 3 4 5 6 7 8		
Address:		
City:	State:	Zipcode:
Sex: Male Female	Date of Birth(month/day/year):	Religion:
Place of Birth (City/State):		Country of Origin:
Ethnic Background <input type="radio"/> Native American <input type="radio"/> Asian <input type="radio"/> Black African American <input type="radio"/> Pacific Islander <input type="radio"/> White Caucasian <input type="radio"/> Multiracial <input type="radio"/> Hispanic		

Home Language Survey

Primary language(s) spoken in student in students household:	
Does the primary guardian speak English?	
Is the student fully bi-lingual?	If yes, in which languages?

Transfer Students Only:

Name of current school:		
City:	State:	Zipcode:
Current Grade(Circle one): PK3 PK4 K 1 2 3 4 5 6 7 8		
When did they begin attending the above school? (Month/Day/Year)		
What is the reason for leaving their current school?		

Catholic Applicants Only:

Baptism Date(Month/Date/Year):		Name of Parish:
City:	State:	Zip:

Reconciliation Date (Month/Date/Year):		Name of Parish:
City:	State:	Zip:

First Communion Date (Month/Date/Year):		Name of Parish:
City:	State:	Zip:

Section III: Family Information**Parents' Marital Status (Please check all that apply):**

Single Married Separated Divorced Mother Deceased Mother Remarried Father Deceased Father Remarried

Student lives with:

Mother & Father Mother Only Father Only Part-time with Mother/Part-time with Father Legal Guardian

Contact Information- All information is required

Parent/Guardian Name:		Relationship to student:	
Address:			
City:		State:	Zip:
Primary Phone Number:		Cell Phone Number:	
E-mail Address:			
Occupation:		Employer:	
Religion:		Name of Parish:	

Parent/Guardian Name:		Relationship to student:	
Address:			
City:		State:	Zip:
Primary Phone Number:		Cell Phone Number:	
E-mail Address:			
Occupation:		Employer:	
Religion:		Name of Parish:	

Sibling Information (If Applicable)

Sibling's Full Name:	Date of Birth:
Name of school (If Applicable):	

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Name of school (If Applicable):	

Section IV: Parent Questionnaire- Required

How did you hear about our school?

- Internet Search Facebook Neighborhood Lister Print Ad Event-Festival Website
- Family/Friend: _____ Other: _____

1. Please Describe the student. What are his/her interests? What is his/her personality like?

2. Why are you interested in Archbishop Borders School? Why is it a good fit for your family?

3. Does the student currently need any extra academic support? If so, in which subject?

4. If the student currently has an IEP (Individual Education Plan), Please describe it below:

5. How do you feel the student responds to new situations and challenges?

Section V: Tuition

Person Responsible for Tuition and Fundraising Activities

Name		
Relationship to student:		
Address:		
City:	State:	Zip:
Email:		Phone Number:

Parent/Guardian Signature _____ Date: _____