



A Catholic, Dual-Language, Community School.  
 3500 Foster Avenue Baltimore, Maryland 21224  
 410-276-6534(P) 410-276-6534(F) [www.abbschool.com](http://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: 2017-18   2018-19   2019-20

### Section I: Student Information

<b>First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>
<b>Applying for Grade(circule uno):</b> PK3    PK4    K    1    2    3    4    5    6    7    8		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zipcode:</b>
<b>Sex:</b> Male    Female	<b>Date of Birth(month/day/year):</b>	<b>Religion:</b>
<b>Place of Birth (City/State):</b>		<b>Country of Origin:</b>
<b>Ethnic Background</b> <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?

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

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

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4. If the student currently has an IEP (Individual Education Plan), please describe it below and attach any documentation you have for the IEP:

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

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**Section V: Tuition**

**Person Responsible for Tuition and Fundraising Activities**

*Uncollected debts will be turned over to a collection agency. The parents are fully responsible for all attorney fees and court cost.*

Name		<input type="checkbox"/> I will be enrolling my child(ren) in After Care
Relationship to student:		
Address:		
City:	State:	Zip:
Email:		Phone Number:

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_