



York Catholic High School

601 E. Springettsbury Ave.
York PA 17403

717-846-8871
www.yorkcatholic.org

Please provide the following with this application:

- ___ Unofficial Transcript (grades 9-12)
- ___ Recent Report Card
- ___ Attendance Record
- ___ Discipline Record
- ___ Most Recent PSSA or Standardized Test Scores
- ___ Any documentation for Page 2 questions.
- ___ \$25 application fee

When the above is received, parents and students may be called for an interview.

FOR OFFICE USE ONLY

- First Time Applicant
- Former YCHS Student
- Previous Applicant

Application Received _____

Application Completed _____

Accepted or Denied _____

Application for Admission

To Be Completed by a Parent
PLEASE PRINT

Please enclose \$25 application fee
___ Check ___ Cash

Grade Enrolling For _____

Student's Name _____ Gender _____
Last First Middle

Address _____
Street/P.O. Box City State Zip Code

Primary Email _____ Date of Birth _____

Religion of Student _____ Name of Parish or Church _____

School Admitted From _____ School District _____

Father's Name _____ Father's Religion _____

Father's Address _____
Street/P.O. Box City State Zip Code

Father's Cell Phone _____ Father's Email _____

Mother's Name _____ Mother's Religion _____

Mother's Address _____
Street/P.O. Box City State Zip Code

Mother's Cell Phone _____ Mother's Email _____

Current Family Situation: Married Separated Divorced
 Single Parent Father Remarried Mother Remarried
 Father Deceased Mother Deceased

Student lives with: Father Mother Grandparent(s)
 Step-father (list name) _____
 Step-mother (list name) _____
 Other (list name/relationship) _____

Parental Rights (in case of separation or divorce): _____
(please attach copy of court order)

Is another language besides English spoken at home? No Yes If yes, what language? _____

Is the student a United States citizen? No Yes

Additional relatives who have attended or graduated from York Catholic:

Name Relationship Graduation Year

Name Relationship Graduation Year

Name Relationship Graduation Year

Do you plan on applying for financial assistance? No Yes

Please take a few minutes to consider the following questions. Your responses, along with records received from the sending school, will provide us with the background we need to evaluate your child's application. Information you share will be regarded respectfully and confidentially. Please provide explanations for anything that is answered "YES" including dates, grades, etc.

1. Has the student ever skipped a grade? If so, what grade? No Yes (explain)

2. Has the student ever repeated a grade? If so, what grade? No Yes (explain)

3. In the last two years, has the student been tardy to school more than ten times per year? No Yes (explain)

4. In the last two years, has the student been absent from school more than ten times per year? No Yes (explain)

5. Has the student ever been suspended or expelled from school? No Yes (explain)

6. Has the student ever attended an alternative program? No Yes (explain)

7. Has psychological or psychiatric help/testing been sought for the student for emotional, behavioral, mental or academic evaluation? No Yes (explain)

8. Has the student ever been treated for substance abuse? No Yes (explain)

9. Has the student ever been arrested? No Yes (explain)

10. Has the student ever had an Individualized Education Plan (IEP), Evaluation Report (ER) or 504 Plan? If yes, please include a copy with the application. No Yes (explain)

I affirm this application is accurate to the best of my knowledge and recognize that deliberate falsification or omission of relevant information can be basis for student dismissal.

Parent Name *(please print)*

Parent Signature

Student Name *(please print)*

Student Signature

Date

Date

York Catholic High School
Student Information Sheet

To Be Completed by the Student
PLEASE PRINT

Name _____

Describe yourself as a student academically (strengths, weaknesses, favorite subject, work ethic, etc.)

What are your interests, hobbies and accomplishments? _____

What clubs, sports, activities do you plan to become involved in at YC? _____

York Catholic High School
Unofficial Records Request



York Catholic High School

601 E. Springettsbury Avenue, York, PA 17403
717.846.8871 ♣ www.yorkcatholic.org

To Whom It May Concern:

_____ is seeking admission to York Catholic High School. Please forward an unofficial copy of the following:

- _____ Records showing the last two grade levels completed
- _____ Most recent report card or grades
- _____ Attendance record
- _____ Discipline record (if none, please state in writing)
- _____ Standardized Test Scores
- _____ IEP, 504, or Reports of any Special Testing/Psychological Evaluations (when applicable)

I acknowledge that all the above information is current and accurate.

Signature

Title

The above information will be utilized so that appropriate decisions are made regarding admission and placement of this student. Include this form with your mailing to York Catholic High School. Please email, fax, or mail this information to:

York Catholic High School
Attn: Heather Hoffman
601 E. Springettsbury Ave
York, PA 17403

hhoffman@yorkcatholic.org
Fax number: 717-843-4588

Thank you for this information and your cooperation. If you have any questions, please email or call me at 717-846-8871 x220.

Sincerely,

A handwritten signature in blue ink that reads "Heather Hoffman".

Heather Hoffman
Director of Admissions