



# 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 \_\_\_\_\_

Check if appropriate:  Father Deceased  Mother Deceased  
 Parents Divorced  Parents Separated

Student lives with \_\_\_\_\_  
*Name Relationship*

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)

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

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

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

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

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

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

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

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

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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)

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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.

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Parent Name *(please print)*

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Parent Signature

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Student Name *(please print)*

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Student Signature

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Date

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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.)

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What are your interests, hobbies and accomplishments? \_\_\_\_\_

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

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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](mailto: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,

Heather Hoffman  
Director of Admissions