



# Archbishop Walsh High School

208 North 24<sup>th</sup> Street Olean, New York 14760 Phone (716) 372-8122 Fax (716) 372-6707

Admissions Application 2009-2010

Non-refundable \$50.00 registration fee required  
(waived if received by April 10, 2009)

Entering Grade (check one)  
9  10  11  12

Please Print or Type

Student Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Check One  Male  Female Public School System \_\_\_\_\_  
Parent Home Phone \_\_\_\_\_ Parent Email Address \_\_\_\_\_  
Bus Transportation Requested  Yes  No *Local School District Deadline is April 1, 2009*

Catholic Family Parish: \_\_\_\_\_

Special Health Problems: \_\_\_\_\_

Do You Wish to Receive a  
Financial Aid Form?  
Check One:  Yes  No

Other Religious Affiliation: \_\_\_\_\_

Emergency Closing Contact:  
(if parent/guardian unavailable)

Name/Phone \_\_\_\_\_

Name/Phone \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name of other student your child  
has permission to ride with if  
necessary: \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Person to be Billed: \_\_\_\_\_

### For Office Use Only

Date:

- \_\_\_\_\_ Application Form Received
- \_\_\_\_\_ Registration Fee Received
- \_\_\_\_\_ Transcripts Received
- \_\_\_\_\_ Letters of Recommendation Received
- \_\_\_\_\_ Financial Aid FACTS Form Given
- \_\_\_\_\_ Financial Aid FACTS Form Submitted
- \_\_\_\_\_ Text Book Request Form Received
- \_\_\_\_\_ Immunization Forms Received
- \_\_\_\_\_ Physical Completed
- \_\_\_\_\_ Birth Certificate Received  
(new students only)
- \_\_\_\_\_ Handbook (including below) Signed
  - Code of Conduct
  - Dress Code
  - Computer Use

Sibling \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Sibling \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Sibling \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_