



APPLICATION FOR ADMISSION

Applying for grade 6 7 8 9 10 11 12

Please print or type

Full Name _____

Last

First

Middle

Address _____

Number & Street

City

State

Zip

Phone (____) _____ **E-mail** _____

Name of Parent or Guardian _____

(if different from applicant) _____

Birthdate _____

Religion _____ **Place of Worship** _____

Current School _____ Catholic Public Private

***Father's Full Name** _____

Last

First

Middle

Address _____ **Phone** _____

Number & Street

Apt.

E-mail _____

City

State

Zip

Bus. Name _____

Address _____ **Phone** _____

***Mother's Full Name** _____

Last

First

Middle

Address _____ **Phone** _____

Number & Street

Apt.

E-Mail _____

City

State

Zip

Bus. Name _____

Address _____ **Phone** _____

***CHECK WHERE APPROPRIATE**

Lives with Both Parents Lives with Guardian(s) Parents Divorced Mother Deceased

Lives with Mother Other Parents Separated Father Deceased

Lives with Father

X _____ **X** _____ _____

Signature of Father/Guardian

Signature of Mother/Guardian

Date

**Saratoga Central Catholic
High School**

247 Broadway

Saratoga Springs,
New York 12866

Phone: 518.587.7070

Fax: 518.587.0678

Visit our website at:

www.saratogacatholic.org

L. Stephen Lombard

Principal

Dennis Ostrowski

Assistant Principal/
IT Administrator

Margot Barnes

Director of Guidance/
Admissions

Jean M. Taylor

Director of Development