



80 Independence Avenue
Braintree, MA 02184
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www.awhs.org

APPLICATION FOR ADMISSIONS

REMEMBER: A transcript of the 7th and 8th grade marks must be submitted along with this application.

APPLICANT INFORMATION:

Name: Last First Middle

Address: No. Street City/Town State Zip

Home Phone: Area Code

Present School: Name City

School Address: No. Street City Zip

Applicant resides with: Both Parents Mother Father Stepmother Stepfather Guardian

APPLICATION TO: (circle one) GRADE 9 10 11 12

Date of Birth: Month Day Year Gender: Male/Female

Birth Place: City/Town State

Ethnic Origin:

Religion:

Place of Worship: Name City/Town

Email address:

PARENT/GUARDIAN INFORMATION:

Check appropriate: Parents Together Mother Deceased Parents Separated Mother Remarried
Father Deceased Parents Divorced Father Remarried
Guardian: Check appropriate: Both Parents Mother Only Father Only Other Specify

Information regarding the student should be sent to: Both Parents Mother Father Guardian

Parent 1: Mother Father Stepparent Guardian

Parent 2: Mother Father Stepparent Guardian

Name: First Middle Last

Name: First Middle Last

Mail Address: No. Street City/Town State Zip

Mail Address: No. Street City/Town State Zip

Home Phone:

Home Phone:

Cell Phone:

Cell Phone:

Email Address:

Email Address:

Occupation:

Occupation:

Company Name:

Company Name:

Business Address:

Business Address:

Business Phone:

Business Phone:

FAMILY INFORMATION:

Sibling's Name: Age: Sex: School Attending:

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Have any of your relatives attended Archbishop Williams High School?

Name: Relationship: Dates Attended:

Name: Relationship: Dates Attended:

Name: Relationship: Dates Attended:

