



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

Name: First Middle Last
Mail Address: No. Street City/Town State Zip
Home Phone:
Cell Phone:
Email Address:
Occupation:
Company Name:
Business Address:
Business Phone:

Parent 2: Mother Father Stepparent Guardian

Name: First Middle Last
Mail Address: No. Street City/Town State Zip
Home Phone:
Cell Phone:
Email Address:
Occupation:
Company Name:
Business Address:
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:
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Name: Relationship: Dates Attended:

