



“Hawk for a Day”
8TH GRADE BOYS/GIRLS FROM OCTOBER - MAY
7TH GRADE BOYS/GIRLS FROM MARCH - MAY

Student: _____

Address: _____

City, State, Zip: _____

Phone: _____

(Confirmation will be made by the Office of Admissions)

School: _____

If you had to grade yourself academically, how would you rate yourself?

Please circle one: A (90-100) B (80-89) C (70-79)

Are you interested in any of our sports teams and/or clubs?

___ Baseball ___ Basketball ___ Bowling ___ Cross Country

___ Football ___ Golf ___ Hockey ___ Indoor Track

___ Wrestling ___ Lacrosse ___ Outdoor Track ___ Soccer

___ Swimming ___ Tennis ___ Clubs: _____

Preferred Freshman Host (if any): _____

I, _____, parent/guardian of the above named elementary school student, give my permission for him/her to participate in the **“Hawk-for-a-Day”** Program at Hudson Catholic Regional High School. **If applicable:** _____ has a pre-existing medical condition and I have made sure he/she is in possession of _____ (i.e. medication, inhaler, etc.) for his/her visit.

Please arrive by 8:00 a.m. Visit classes with a freshman host and meet the administration, teachers and coaches. Lunch is on the “Hawks”. Please wear dress slacks and shoes. Skirts must be business appropriate! **Jeans are not permitted!** A special t-shirt will be provided. Dismissal is usually at 2:17 p.m., some Wednesdays at 1:10p.m.

Please confirm dismissal time when scheduled

Contact: Mr. Tim Brennan, Director of Admissions
Hudson Catholic Regional High School
790 Bergen Avenue
Jersey City, NJ 07306
Phone: (201) 332 5970 FAX: (201) 332 – 6373

Parent/Guardian Signature