



SPEND - A - DAY

Student Name _____

Complete Address _____

City _____ **Zip** _____

Phone # _____ **Cell #** _____

Current School _____

Preferred visit day _____

Alternate day _____

I wish to visit with _____

I do not have a preference _____

Interests – Academic, Athletic, Arts, other _____

**Please return to: Valley Catholic High School
c/o Claudia Thomas
Admissions Director
4275 SW 148th Ave.
Beaverton, OR 97007
Admissions phone: (503) 520-4721
School Fax: (503) 646-4054
cthomas@valleycatholic.org**