



**APPLICATION FOR ADMISSION
SCHOOL YEAR 2020-2021**

With this completed application, please provide a copy of birth certificate, baptismal certificate, social security card and immunization records, as well as the completed "Health and Emergency Information" form. If applicable, please provide a current report card, last year's report card, and copies of standardized test scores.

Note: It is imperative that all blanks that apply to your child be filled in accurately and completely. This data is used for all school records. Falsification of any information will result in denial of application or possible dismissal if discovered after the student has been enrolled.

STUDENT INFORMATION

Date: _____ Grade Entering: _____

Child's First Name: _____

Name Child Goes By: _____

Child's Middle Name: _____

Child's Last Name: _____

Race: _____ Gender: _____

Primary Language Spoken: _____

Religion: _____

Child's Social Security Number: _____

Date of Birth: _____ Age: _____

Birth City & State: _____

Previous School(s) Attended:

Birth Certificate Number:

Student resides with: _____

My child has been immunized (circle one):

YES NO

FAMILY INFORMATION

(This should be the address where the child resides.)

Home Phone: _____

Home Street Address: _____

City: _____ State: _____

Home Zip: _____

Civil Parish: _____

Mailing Address: *(If same as home, leave blank)*

Email Address: _____

Civil Parish: (WBR, EBR, Iberville, Pointe Coupee, etc.)

MOTHER'S INFORMATION

First Name: _____

Maiden Name: _____

Last Name: _____

Mother's Address: _____

Email Address: _____

Is Mother:

Biological Step Guardian

Mother's Race: _____ Marital Status: _____

Employer: _____

Occupation: _____

Work Phone: _____

Cell Phone: _____

RELIGIOUS AFFILIATION

CATHOLIC

(Family must be registered at this Church Parish. If Registered, you should be receiving tithing envelopes.)

Church Parish: _____

Name registered at church parish:

FATHER'S INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Father's Address: _____

Email Address: _____

Is Father:

Biological Step Guardian

Father's Race: _____ Marital Status: _____

Employer: _____

Occupation: _____

Work Phone: _____

Cell Phone: _____

NON-CATHOLIC

Name of Church for Worship:

STUDENT BAPTISMAL INFORMATION

Baptism Date: _____

Baptism Church: _____

Baptism City: _____

Baptism State: _____

CHILD INFORMATION

Are you aware of any learning, physical, or emotional difficulties with your child?

YES NO

If yes, please explain: _____

Is your child in a special learning environment or on a behavior plan at his/her current school?

YES NO

If yes, please explain: _____

Has your child ever had counseling?

YES NO

If yes, please explain: _____

Are there any important details about your child's school life that are important for the school to know, including repeated/skipped grades, recent changes that affect your child, and attendance problems?

YES NO

If yes, please explain: _____

Failure to communicate any of the above information to the school could result in a delay processing your application and could also affect admission status.

REFERRAL FAMILY

Has a current Holy Family Parent or Guardian referred you to Holy Family School?

YES NO

If yes, please list the name and phone number of the referring family:

Name: _____

Phone #: _____

GENERAL INFORMATION

- Bus transportation is provided by WBR for students living in WBR parish (obtain form from office).
- Transfer from another Catholic school requires a "Pastor's and Principal's permission form".

Date of Acceptance

Notification to Parent

Signature of Holy Family School Principal

Non-Discrimination Policy

Holy Family Catholic School is an accredited, co-educational elementary school for grades PK-4 through grade eight. Holy Family Catholic School admits students of any race, sex, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school. They do not discriminate on the basis of race, sex, color, national and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic or other school administered programs.

Tuition Refund Policy

If tuition must be refunded for any reason, the refund schedule is as follows:

Between **June 1st and August 1st** **50%**

Before **November 1st** **25%**

After November 1st, no tuition will be refunded

No fee may be included in the tuition loan agreement and fees are non-refundable.

_____ (initial) I understand and accept all policies of Holy Family School

Printed Name

Signature

Date