

Date _____

Student's Last Name _____ **First** _____ **Middle** _____

Street address _____ **Town/State/Zip** _____

Home phone _____ **Email Address** _____

(For communication only)

Cell # _____

Grade Entering _____ Male _____ Female _____

Student's date of birth _____

Student's place of birth _____

Student lives with: Both Parents _____ Mother _____ Father _____ *Other _____

Name of *Other _____ Relationship _____

Parent/Guardian Information:

Parent's/Guardian's Name _____

Address _____ City/State/Zip _____

Telephone _____ Cell _____

Mailing Address _____ Town/State/Zip _____

(If different from above)

Place of Employment _____ Phone # _____

Parent's/Guardian's Name _____

Address _____ City/State/Zip _____

Telephone _____ Cell _____

Place of Employment _____ Phone # _____

Number of children attending Holy Family Academy _____

Names: 1. _____ 3. _____
2. _____ 4. _____

Race: American Indian/ _____ Black _____ Asian _____ Hispanic _____ White _____ Multi _____
Native Alaskan

Please complete reverse side. Thank you

Catholic _____ Non-Catholic _____

Parish Registered and Attending _____

Sacraments:

Baptism: Church _____
City/State _____
Date _____

First Eucharist: Church _____
City/State _____
Date _____

Accommodations:

Has your child ever been tested for special learning accommodations? Yes ___ No ___

If yes, please specify the Date _____ School _____

Do any of the following apply to your child:

Preferential Seating	_____
Dietary Restrictions	_____
Allergies	_____
Modified Curriculum	_____
Learning Difficulties	_____
Any other special needs	_____

If you have checked off any of the above, please provide documentation to the school before admission is complete.

Tuition:

Will you be requesting financial aid? ___ Yes ___ No

Name/address of the person who will be responsible for the tuition payments:

Please check method of payment: _____ Annually (**payment in full due June 3, 2019**)
_____ Monthly (**must complete FACTS online contract**)

Referred to Holy Family Academy by: _____



For Office Use Only

Date registration received _____ Check # _____ Amount _____