



**Application for Enrollment
2021 - 2022**

Please Print All Information

Date of Application _____ **Grade Entering** _____

STUDENT INFORMATION/DATA

Student's Legal Name _____ / _____ / _____
Last First Middle

Student's Address _____ City /State/Zip _____

Date of Birth _____ Gender: Male Female (please circle) Race/National Origin: White
Black Asian Hispanic Native American Indian Multi-Racial (please circle)

Religion _____ Present Parish/Church _____

PARENT/GUARDIAN INFORMATION

Mother/Step Mother/Guardian

Last Name _____

First Name _____

Address _____

City, ST, Zip Code _____

Home Phone _____

Cell _____ (texting Yes or No)

Employer: _____

Work Phone _____

E-Mail _____

With whom does student live with? _____

Father/Step Father/Guardian

Last Name _____

First Name _____

Address _____

City, ST, Zip Code _____

Home Phone _____

Cell _____ (texting Yes or No)

Employer: _____

Work Phone _____

E-Mail _____

If divorced/separated, who has legal custody?

STUDENT SACRAMENTAL HISTORY

Baptismal Date _____ Parish _____

First Reconciliation Date _____ Parish _____

First Communion Date _____ Parish _____

EDUCATION HISTORY

Public School Zone (Public school student would attend) _____

Last School Attended _____ Grade _____ Address _____

Has the student been on probation, suspended, dismissed or expelled from any school? Yes _____ No _____

(If yes, attach documentation)

Has your child ever been retained in any grade? Yes _____ No _____ If so what grade? _____

Reason for retention? _____
Has your child ever been diagnosed with?
A learning disability Yes ____ No ____
Attention Deficit/Hyperactivity Disorder Yes ____ No ____
Has your child been prescribed medication for any of the disorders? Yes ____ No ____
(If yes name, _____)

MEDICAL INFORMATION

Physician: _____ Phone: _____
Insurance Carrier: _____ Policy #: _____
Preferred Hospital: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. YES ____ NO ____

Specific Medical Information: The school/parish will take reasonable care to see that the following information will be held in confidence:

Medications: My child is taking medication at present. He/She is capable of administering this medication as required. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Allergic reactions (medications, foods, plants, insects, etc.): _____

***If your child is allergic to certain foods and will require alternative choices in the cafeteria, you must provide documentation from your child's doctor.

Additional special medical conditions of my child: (Physician Documentation Attached)

Are you an Alumni of HOM School? _____ Year Graduated _____

Family Members Alumni of HOM _____

EMERGENCY CONTACTS

In case of an emergency, if parent/guardian is not available, please notify:

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Do your child/children receive after-school care? YES ____ NO ____
If so, what facility _____ Phone # _____

Person(s) responsible for picking up your child/children _____

Relationship to child/children _____

Who may **not** pick your child/children up from school? _____

Parental "Permission" Requirement:

During the school year, staff of Most Pure Heart of Mary and media representatives may want to interviews, photograph or videotape your child for use in publications, television reports, social media and websites. The photographs may be of groups of students or individuals, and the students' names may be used.

Please mark one:

- I give permission for my child to be photographed and/or interviewed, and permission to have my child's name used. Yes ____ No ____
- I do not want my child photographed or interviewed and do not want his or her name used. Yes____ No____
- Use of the internet as guided by the school usage policy. I understand any violation of this policy by the child may result in appropriate actions. Yes ____ No____

I attest that all information provided above is accurate. Should information be found fraudulent it may jeopardize my child's enrollment at this school.

All Fees are Non Refundable.

Acceptance is final dependent upon the following requirements:

- **Registration form and fee of \$125 per student is due with this form.**
- **Other initial fees (student assessment and building assessment) due by June 11, 2021**
- **Signed tuition agreement and fees policy, as well as other necessary documentation.**

I certify that all responses given on this application are true and complete. I understand that the falsification and/or omission of fact may result in denial of admission or removal of student from Most Pure Heart Mary School.

Parent/Guardian Signature _____ Date _____
Admission is open to all students regardless of race, religion, national or ethnic origin.

OFFICE USE ONLY (Do not fill out)

- | | |
|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Immunization Card |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Enrollment Application |
| <input type="checkbox"/> Last Report Card | <input type="checkbox"/> Parental Agreement |

Registration Fee Amount _____ Building Assessment Fee _____

Student Assessment Fee _____ Handbook Acknowledgment Form _____

Catholic Church Certification of Subsidiary? Yes____ No _____