

ST. SCHOLASTICA HSC ACADEMY
 207 Whiskey RD NW
 Isanti, Minnesota 55040
 763-200-9293
www.scholasticahsc.com

DON BOSCO CAMPUS
 210 Church Street E
 Cologne, Minnesota
 612-275-7782

Application for Enrollment

Applying for: Isanti Campus Cologne Campus

<u>Name of Student:</u>	<u>Date of Application:</u>
--------------------------------	------------------------------------

Family Mailing Details		
Family Last Name:		
Mail to: (e.g. Mr. and Mrs. John Smith)		
Address:	City:	ZIP:
Primary Phone:	Other:	
Current Parish:		
Office Use Only:		

Student Details	
First Name:	Current School:
Middle Name:	City: District:
Last Name:	Current Grade:
Preferred Name:	Previous School:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	City: District:
Date of Birth: Age:	Grades Attended:
Grade entering:	Religion of Student:
Office Use Only:	

Medical Details	
Doctor's Name:	Phone Number:
Clinic Name:	City:
Allergies/Medical Alert: Please specify any allergies/medical alerts relating to the student applying for enrollment (e.g. Allergies to nuts, penicillin, bee stings, etc; asthma management, etc.)	
Immunizations: Has the Immunization Form been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Medications being taken:	
Office Use Only:	

Special Needs					
Indicate whether the student applying for enrollment has any known or suspected special needs.					
Physical Needs <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Needs <input type="checkbox"/> Yes <input type="checkbox"/> No	Educational Needs <input type="checkbox"/> Yes <input type="checkbox"/> No	Behavioral Needs <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Special Needs <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered yes to any of the above, please provide full details of those needs and any assessment/ intervention/support that the student is currently receiving. (Supporting documentation must be provided.)					
If this enrollment application is successful it is essential that the school be advised promptly of any changes to the needs of the student. The school will regularly assess its ability to provide adequate services for these needs.					
Office Use Only:					

Contact Details		
Details	Father/Guardian	Mother/Guardian
Title:		
First Name:		
Middle Name:		
Last Name:		
Relationship to Student:		
Check Appropriate:	<input type="checkbox"/> Married <input type="checkbox"/> Single Parent <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Father Deceased <input type="checkbox"/> Mother Deceased	
Applicant Lives With:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian	
Address – Street: (if different from student)	<input type="checkbox"/> Same as student	<input type="checkbox"/> Same as student
Address – City/ ZIP:		
Home Phone:		
Work Phone:		
Cell Phone: Check box if texts can be sent to #	<input type="checkbox"/> Texts ok	<input type="checkbox"/> Texts ok
Email Address:		
Employer:		
Occupation:		
Religion:		
Office Use Only:		

Contact Details		
Details	Non-Residential Parent (if applicable)	Emergency Contact
	Please only complete if there is a parent who does not reside at the Student's Home Address	Please name a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted.
Title:		
First Name:		
Middle Name:		
Last Name:		
Relationship:		
Address – Street:		
Address – City/ ZIP:		
Home Phone:		
Work Phone:		
Cell Phone:		
Email Address:		N/A
Employer:		
Occupation:		
Religion:		
Office Use Only:		

Parish/Sacramental Details			
Sacrament	Date Received	Parish Received	Copy of Certificate Supplied
Baptism			N/A
Reconciliation			
Holy Communion			
Confirmation			
Office Use Only:			

Children in Family				
	Full Student Name	Year in School	Age	School Attending
Child:				
Child:				
Child:				
Child:				
Child:				
Office Use Only:				

Relatives Currently or Formerly Attending St. Scholastica HSC Academy (either campus)			
Full Name	Relationship	Year	
Office Use Only:			

Agreement

Please check the following boxes and sign below

1. I/We have read and agree to the conditions outlined in the following points.
2. I/We have included copies of the following documents with this application for enrollment (please check appropriate boxes).
 - Birth Certificate
 - Baptismal Certificate
 - Most recent previous school reports and tests (where applicable). If student is not coming from homeschool, St. Scholastica will request reports/records from the previous school.
 - Relevant Family Court Orders (where applicable)
 - Relevant medical and /or special needs information including clinical/educational assessments (where applicable)
 - Immunization Records
3. I/We understand that if this application is successful the information that I/we have provided must be kept up to date through the period of enrollment.
4. If this enrollment is accepted I/we agree to support our child's participation in the religious life of the school.
5. I/We will support, in spirit and in action, the philosophy, policies, and expectations of St. Scholastica HSC Academy as set forth or implied in the school handbook and/or announced by the administration during the school year.
6. If the enrollment application is accepted I/we agree to honor the financial commitments required by the school as per the Tuition Agreement as well as other fees and charges while at St. Scholastica HSC Academy.
7. I/we authorize St. Scholastica HSC Academy to use discretion and seek medical attention if I cannot be found. My child will be transported by ambulance at the school's discretion. My permission continues until I revoke it by notifying the school authorities in writing.
8. I/we are not aware of any outstanding fees or charges, in relation to the student applying to enroll, that I/we are responsible for another school.
9. I/we understand that an application fee of \$100 per family is to accompany Application for Admission and that it is not refundable.
10. I/we understand that a testing fee of \$25 per student (2nd-8th grades) will be charged upon acceptance and the money will not be refundable. Testing will take place prior to student being placed in a classroom.

I/we understand that if any misleading information has been provided or any omission of significant, relevant information made in this application for admission, acceptance will not be granted, or if discovered after acceptance, the enrollment may be withdrawn.

Signed: _____ (Father/Guardian)

_____ (Mother/Guardian)

Date: _____

Please note:

Acceptance of this Application for Admission is subject to the approval of the school's Director of Admissions.

Submit application to:
Director of Admissions
St. Scholastica HSC Academy
207 Whiskey RD NW
Isanti, Minnesota 55040

Student Questionnaire for Levels 7 – 8

Please complete this questionnaire without assistance from anyone: your parents, your teacher, or your friends. Then submit it with your completed application to:

Director of Admissions
St. Scholastica HSC Academy
207 Whiskey RD NW
Isanti, MN 55040

Applying for grade: _____

School year: _____

Full Name: _____

Last

First

Middle

Nickname

1. Why do you want to attend St. Scholastica HSC Academy?

2. How do you think St. Scholastica HSC Academy will be different from your last school?

3. Have you ever been suspended or expelled from school? Yes No If yes, please explain.

4. Describe your attitude toward authority figures, especially your parents.

5. What hobbies do you enjoy?

6. Do you attend church regularly? Yes No Which church? _____

7. Do you attend with your family? Yes No If no, explain why.

8. List academic subjects of greatest interest to you.

9. In what areas do you excel?

10. In what area(s) would you like to improve?

11. How do you feel about attending religion classes every day?

12. How many hours a week do you spend on required homework? _____

Please use the space provided to write your response to the following question—*in your own handwriting*.

Describe a person whom you admire, explaining what qualities or accomplishments you find admirable.

Signature of Applicant

Parent Questionnaire

To be completed by parent/guardian. Please attach paper if more room is needed.

1. Describe your child's personality and interests:

2. What goals do you have for your child? How do you see St. Scholastica HSC Academy helping to achieve those goals?

3. Has your child ever received assistance or been seen by a learning specialist, school psychologist, mental health professional, or other specialist? If yes, please describe.

4. Has your child ever repeated or skipped a grade, had tutoring, or participated in remedial or advance classes? If yes, please describe.

5. What do you consider to be your child's greatest strengths and challenges (academic and personal)?

6. In what areas do you feel your child could benefit from extra support in school?

7. Why do you want your child to receive a Catholic based education?
