



Holy Family Catholic School
 250 78th Ave. NE
 St. Petersburg, FL 33702
 727-526-8194 FAX 727-527-6567
www.holyfamily-school.com

Application for Admission

PLEASE PRINT ALL INFORMATION

Date _____

Child Information: Grade child will enter: K thru Gr. 8 _____

Student Information

Student's Full Legal Name	
Student's Nickname	
Address	
City/State/ Zip	
Gender	
Current Grade in School	
Date of Birth	
Social Security Number	
Religion	
Student lives with...	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian, Relationship _____
Ethic Background (optional)	<input type="checkbox"/> African Am, Black <input type="checkbox"/> Am Indian, Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic, Latino, Hispanic American <input type="checkbox"/> Multi Racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White, Caucasian Other, please specify _____

Primary custodial parent: _____ Does other parent have legal access? Yes No

****If applicable, please attach a true copy of the Shared Parental Responsibility of the Final Judgment of Dissolution of Marriage.**

Is there a **second language** spoken in the home? Yes No Which Language _____

Parent Information

Father

Full Legal Name	
Address	
City/State/Zip	
Living or Deceased	
Home Telephone Number	()
Work Telephone Number	()
Mobile Telephone Number	()
E mail address (the one to receive school info)	
Do you have access to the Internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other
Religion	
Occupation (be specific)	
Employer	
Employer Address	
Level of Education	<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Higher Level (Master's)
Graduate of Holy Family School?	<input type="checkbox"/> Yes <input type="checkbox"/> No Year _____

Mother:

Full Legal Name	
Maiden Name	
Address	
City/State/Zip	
Living or Deceased	
Home Telephone Number	()
Work Telephone Number	()
Mobile Telephone Number	()
E mail address (the one to receive school info)	
Do you have access to the Internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other
Religion	
Occupation (be specific)	
Employer	
Employer Address	
Level of Education	<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Higher Level (Master's)
Graduate of Holy Family School?	<input type="checkbox"/> Yes <input type="checkbox"/> No Year _____

Step Parent (if applicable)

Full Legal Name	
Maiden Name (if applicable)	
Address	
City/State/Zip	
Home Telephone Number	()
Work Telephone Number	()
Mobile Telephone Number	()
E mail address (the one to receive school info)	
Do you have access to the Internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Religion	
Occupation	
Employer	
Employer Address	

EMERGENCY INFORMATION: If parent(s) cannot be reached (must be local individuals)

Contact Full Name	Phone	Relationship to child

School Information: If transferring from another school, complete the following section

Student Name	
Name of School	
Grade in School	
Principal's Name	
School Address	
City/State/Zip	
Telephone Number	
Are you current with all financial obligations to the school?	
Name of your child's Guidance Counselor	
Name of your child's Reading Teacher	
Name of your child's Language Arts Teacher	
Name of your child's Mathematics Teacher	

Questions	Explanation
Has your child been tested for special learning needs? If yes, submit a copy of the evaluation and the date of that evaluation.	
Has your child been diagnosed with special learning needs?	
Has your child received services from a resource teacher, Title I teacher, learning specialist?	
Has your child received accommodations in the learning process?	
Has your child received modifications to the curriculum?	
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No List Allergies	
Medications: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain	

Attendance and Discipline Record

How many days has your child been absent from school in this last year?	
How many days has your child been tardy from school in this last year?	
Has your child ever been suspended from school?	
Has your child ever been expelled from school?	
Have you ever been required to withdraw your child from school?	

Sacramental Information: Please provide the following information regarding the reception of the sacraments

Sacrament	Date	Church/Address	Certificate
Baptism			
Reconciliation			
First Eucharist			
Confirmation			

Co-Curricular Activities: List all activities in which your child has participated

Essay – all students applying for admission to grades 6, 7, or 8 are required to handwrite an essay on the topic: The importance of an education

Parish Information

Catholic

Holy Family Church Registered/Contributing members:

Have you filled out an annual pledge card? Yes No

Contributing to the Parish? Yes No

Attends Mass on a weekly basis? Yes No

Registration Number (found on the weekly envelopes) _____

Date registered in the Parish _____

I am Catholic, but have not been practicing my faith. My intention is to become an active Catholic.

I am Catholic but choose not to fill out a pledge card and will accept the higher rate of tuition.

If you belong to another Catholic Church:

Name of the Parish	
Pastor's Name	
Address	
City/ State/ Zip	
Telephone Number	

Family not registered in a local Catholic Parish/ Non-Catholic

CHOICE OF TUITION: Full payment by (on or before) July 10th (3% discount)
 Two payments -(on or before) by July 10th & by December 10th (1% discount)
 SMART (monthly payment)
_____ 10 Months (July - April) _____ 11 Months (July – May)

Do you need financial assistance? Yes No

Application must be made through FACTS Management. Applications are available online.

FINANCIAL ASSISTANCE IS FOR HOLY FAMILY REGISTERED, CONTRIBUTING PARISHIONERS

NEW FAMILIES ONLY:

Please indicate if a particular school family recommended you to Holy Family Catholic School

Yes No Name of recommending family _____

Application Fee (non-refundable): \$225 per student to be included with this application form.

This registration is not a guarantee that you will be accepted by Holy Family Catholic School for the coming school year. It represents your request that HFCS accept your child(ren) for enrollment during the coming year. HFCS reserves the right to decline enrollment.

All the information contained on this application is correct and true. I understand that any omission, untruth, or any misrepresentation of the facts can be a sufficient reason for denying acceptance and/or dismissal from the school.

Mother's Signature

Date

Father's Signature

Date

FOR OFFICE USE ONLY: Registration fee Ck# _____ Cash ___ Amt. _____ Date: _____ Revised 1/31/2011
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