



*Diocese of Arlington*  
*Application for Admission*



Name of School HOLY FAMILY CATHOLIC SCHOOL School Year 2020-2021

**STUDENT DATA**

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_ Sex M F

Date of Birth   /  /   City & State of Birth \_\_\_\_\_  
(mm/dd/yyyy)

Country of Birth (if outside United States of America) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone    -    -   

Email where official school communication can be sent \_\_\_\_\_

Check all that apply:

Only Child at this school?      yes      no      Oldest Child at this school?      yes      no  
If not oldest, name of oldest sibling at school \_\_\_\_\_ Grade \_\_\_\_\_

**Previous Schools Attended:**

<u>Name of School</u>	<u>Dates</u>	<u>Location</u>	<u>Telephone</u>
_____	_____	_____	_____

Religion: \_\_\_\_\_ Baptized?    yes      no

**Family Background**

	<u>Mother</u>	<u>Father</u>
Full Name	_____	_____
Maiden Name	_____	_____
Country of Birth (if outside USA)	_____	_____
Home Address	_____	_____
Home City, State, ZIP	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Work Phone	_____	_____
Work Email	_____	_____
Occupation	_____	_____
Employer	_____	_____
Religion	_____	_____
Parish	_____	_____
Primary language spoken in the home	_____	_____

Name and Address of person responsible for tuition/fees payment:

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status:

Married	Single	Separated	Divorced*
Mother deceased	Father deceased	Father remarried	Mother remarried

*\*Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent.*



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Student lives with:    Both Parents                      Mother                      Father                      Guardian (if checked, fill out below)

Guardian Name \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_                      Cell Phone \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Religion \_\_\_\_\_ Parish \_\_\_\_\_

**Authorization to Pick Up:**

ONLY people authorized by you, in writing, may pick up your child. Identification is required.

Persons Authorized to Pick Up:

Name & Address: \_\_\_\_\_

Name & Address: \_\_\_\_\_

**Persons NOT Authorized to Pick Up:**

Name: \_\_\_\_\_

Has your student ever been suspended, dismissed, expelled, or not permitted to re-enroll in a school?

yes    no    If yes, please give the name of the school and explain the reasons on a separate sheet of paper.

Has your student ever been tested or evaluated for any disability [i.e., Learning Disabilities, Attention Deficit (Hyperactivity) Disorder, Emotional Disabilities, etc.], English as a Second Language, or medical condition?

yes    no

If yes, please describe on a separate sheet of paper any disability or medical condition that may affect the applicant's ability to fully participate in the academic and/or other programs provided at our school. If applicable, please provide dates of IEP, Student Assistance Plan, Special Ed Child Study, Special Ed Eligibility Date from base public school and Special Ed Triennial.

The following optional but helpful information is for use in applying for Federal Grants and NCEA Data Bank Information:

Ethnic status of child:

- |                                |                                  |
|--------------------------------|----------------------------------|
| American Indian/Native Alaskan | Native Hawaiian/Pacific Islander |
| Asian                          | White                            |
| Black                          | Multi-Racial                     |
| Hispanic                       | All Others                       |

\_\_\_\_\_  
 Printed Name of Parent/Guardian                      Date                      Signature of Parent/Guardian