



Student Application

Student's Name: _____ **Today's Date:** _____
Last First Middle

Date Student Will Be Entering School: _____ **Grade Entering:** PreK- T/Th K-M/W/F 1 2 3 4 5 6 7 8

Place of Birth _____ **Birthdate:** _____ **Sex:** _____
City State Month/Day/Year

Address: _____ **Phone:** (____) _____
Street Apt. # City State Zip

Mother's Name: _____ **Cell or 2nd Phone:** (____) _____
First M.I. Last

Mother's e-mail address: _____

Mother's Address if different: _____
Street City State Zip

Mother's Religion: _____ **Mother's Occupation:** _____

Father's Name: _____ **Cell or 2nd Phone:** (____) _____
First M.I. Last

Father's e-mail address: _____

Father's Address if different: _____
Street City State Zip

Father's Religion: _____ **Father's Occupation:** _____

Guardian's Name (if applicable): _____ **Cell or 2nd Phone:** (____) _____
First M.I. Last

Student's Racial / Ethnic Background (circle one):

American Indian Asian Black or African American Native Hawaiian or Other Pacific Islander White Hispanic or Latino

Citizenship Status (circle one):

American Citizen Refugee Status Pending Entrant Immigrant Visitor Visa

Current Parish: _____ **Will you be joining Holy Family Church? Yes ___ No ___**

Student's First Reconciliation Date: _____ **Parish:** _____ **City/State:** _____

Student's First Communion Date: _____ **Parish:** _____ **City/State:** _____

Student's Current School: _____ Name of Current Teacher: _____

Current School's Address: _____ School's Phone:(____)_____

School District Name and Number:_____ If a resident of the St. Louis Park school district (283), will you be using school district busing?

Yes___(You will be contacted to make arrangements) No_____(No arrangements will be made for you)

If the student is transferring from another school, why?_____

Special needs or areas of concern that you would like us to know about:

General Health / Medications / Allergies

Academics

Family Life

Social Skills

Sibling Information:

Name:_____ Age:_____ Grade:_____ School:_____

Name:_____ Age:_____ Grade:_____ School:_____

Name:_____ Age:_____ Grade:_____ School:_____

Name:_____ Age:_____ Grade:_____ School_____

Tuition Assistance (Deadline for submitting applications is March 1, 2010):

___We will be applying for tuition assistance. Applications are available upon request at the school office.

___We will not be applying for tuition assistance.

Application Checklist:

___Birth Certificate ___Baptism Certificate ___School Transcripts ___Teacher Referral Form(grades 2-8)

A one-time non-refundable registration Fee of \$1000.00 per family must be paid when application is submitted. \$950.00 of this fee will be applied towards tuition.

Fee Paid by: Check #_____ Cash_____ Other:_____ Date:_____