

~APPLICATION~

Admission to Grade _____ **Entrance Date** _____

Name of Child: _____ Sex ____ Race ____
Last First Middle

Address _____ **Telephone** _____
Street City State Zip

Date of Birth _____ **Place of Birth** _____
Hospital City State Country

Transfer From _____
(if applicable) School Street City State Zip Code Telephone

Religion _____ **Parish** _____ **Town** _____

Baptism: Church _____ **City** _____ **State** ____ **Date** _____

First Communion: Church _____ **City** _____ **State** ____ **Date** _____

Reconciliation: Church _____ **City** _____ **State** ____ **Date** _____

Father: _____ **Religion** _____

Employer _____ **Occupation** _____ **Title** _____

Business Address _____ **Telephone** _____
Street City State Zip Cell Phone _____

Mother: _____ **Religion** _____
(Maiden)

Employer _____ **Occupation** _____ **Title** _____

Business Address _____ **Telephone** _____
Street City State Zip Cell Phone _____

Guardian: _____ **Religion** _____

Employer _____ **Occupation** _____ **Title** _____

Business Address _____ **Telephone** _____
Street City State Zip Cell Phone _____

Siblings: Name _____ Sex _____ Birthdate _____ School _____
Name _____ Sex _____ Birthdate _____ School _____
Name _____ Sex _____ Birthdate _____ School _____

Please share your reasons for wanting your child to attend Holy Family Catholic Academy. _____

Name of Parent/Guardian (Please Print) _____

Signature of Parent/Guardian _____

Date _____