



# Holy Family Regional School

2300 Beasley Avenue  
Huntsville, AL 35816

## Office Use Only

Date Received \_\_\_\_\_ Birth Cert. \_\_\_\_\_  
Reg. Fee \_\_\_\_\_ Trans. Rec'd \_\_\_\_\_  
Bap. Cert. \_\_\_\_\_ Imm. \_\_\_\_\_  
Tuition Plan \_\_\_\_\_ Accept/Letter \_\_\_\_\_

Please type or print

## New Student Admission Application

Proposed Grade Placement \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Check  Male  
 One:  Female  
 Social Security # \_\_\_\_\_ Age on 9/1 \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Father's Business Phone \_\_\_\_\_ Mother's Business Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Year Month Day City State

Number of *Brothers*: Younger \_\_\_\_\_ Older \_\_\_\_\_ Number of *Sisters*: Younger \_\_\_\_\_ Older \_\_\_\_\_

Student Special Abilities: \_\_\_\_\_

Student Special Needs: \_\_\_\_\_

Student's Religion: \_\_\_\_\_ Church Attending \_\_\_\_\_

	Date/Year	Church	City	State
Baptism				
First Reconciliation				
First Eucharist				

School Last Attended: \_\_\_\_\_ Address: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Name of Teacher: \_\_\_\_\_

FATHER or Guardian \_\_\_\_\_ Address: \_\_\_\_\_ Church Attending: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Level of Education (Check Highest):  Elementary  High School  College  Graduate  Post Graduate

MOTHER or Guardian \_\_\_\_\_ Address: \_\_\_\_\_ Church Attending: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Level of Education (Check Highest):  Elementary  High School  College  Graduate  Post Graduate

Please give reasons for applying to this school: \_\_\_\_\_  
 \_\_\_\_\_

Name of person referring you to this school: \_\_\_\_\_  
 \_\_\_\_\_

Note: This is an application form only. Notification of acceptance is sent separately after processing application including all information required. Please read carefully the statement on the back. Parents or guardians of applicant accepted for admission to this school are also required to register and pay fees.

Signature of Father or Guardian \_\_\_\_\_ Signature of Mother or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Status of Parents: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_ Remarried \_\_\_\_\_

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

Child living with, if not parents: Please Fill In:

Last Name of Guardian or Custodian	First Name	Middle Initial	Phone Number
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Person Responsible for Tuition Payments \_\_\_\_\_

- Does your child have any health problems – Physical/Emotional: e.g. Diabetic, Hyperactive, etc: Yes\_\_\_ No\_\_\_ If yes,

Please explain \_\_\_\_\_

- Are there any situations or pertinent information which we should know in order to further understand your child? Eg. Custodial rights, visitation rights, child has been/is in counseling, etc.

Please explain \_\_\_\_\_

- Has your child ever been tested for Learning Disabilities? Yes\_\_\_ No\_\_\_ or Behavior Problems? Yes\_\_\_ No\_\_\_

Place \_\_\_\_\_

Will you release a copy of the evaluation? Yes\_\_\_ No\_\_\_

- Is your child on any medications? Yes\_\_\_ No\_\_\_ If yes, please list names, dosage and times given:

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_ Times given \_\_\_\_\_

Catholic Families Only (Information necessary in order to qualify for Parochial Tuition Rate)

Area Parish attending \_\_\_\_\_

Are you a registered, active and supporting member? Father: Yes\_\_\_ No\_\_\_ Mother: Yes\_\_\_ No\_\_\_

**Policies of the Catholic Schools  
Diocese of Birmingham in Alabama**

Application for registration implies good will on the part of parents in complying with the philosophy and regulations of Catholic Schools, Diocese of Birmingham, AL.

“Every Catholic elementary and secondary school in the school system of the Diocese of Birmingham admits students without regard to sex, race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students of the schools. Schools do not discriminate on the basis of sex, race, color, national and ethnic origin in its employment practices, administration of education policies, admission and treatment of students, scholarships and loan programs.”

It is also our right and duty to decline the application of students who do not meet our standards of achievement and behavior. Grounds for expulsion include, but are not limited to, possession or use of alcohol, drugs, weapons, or other serious misconduct.

All new students must present previous report card or records and present birth or baptismal record for proof of age. Children entering Kindergarten must be five years of age by September 1 of this year. Children entering first grade must be six year of age by September 1 of this year. Proof of age must be presented at time of application, and it will be subject to verification.

All students are required to participate in religion class and any other specified religious activities or services. Any information on this form which is later found to be erroneous could be cause for nullification of registration or immediate dismissal of student.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_