

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

Student's Last Name _____ First Name _____ Middle Name _____
Check Male Proposed Grade Placement _____
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
------------------------------------	------------	----------------	--------------

Person Responsible for Tuition Payments _____

- Does your child have any health problems – Physical/Emotional: e.g. Diabetic, Hyperactive, ect: 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 _____