



# Holy Family Catholic School

Challenging the mind. Inspiring the heart.

Admission Application

## Student Information

Full Name of Applicant \_\_\_\_\_ Applying for \_\_\_\_\_  
*Last First Middle Grade School Year*

Nickname/Preferred Name at School \_\_\_\_\_  Male  Female

Home Address \_\_\_\_\_  
*Street or PO Box City*

\_\_\_\_\_ Home Phone \_\_\_\_\_  
*State Zip Code*

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on September 1, 2012 \_\_\_\_  
*mm dd yyyy Years Months*

Place of Birth \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_  
*City State/Country*

United States Citizen?  Yes  No Primary Language \_\_\_\_\_ Other Language(s) \_\_\_\_\_

Baptized Catholic?  Yes  No Current Parish \_\_\_\_\_ Religion \_\_\_\_\_

For statistical purposes only, please choose one from each category - Ethnicity and Race. (Categories taken from the US Census)

Ethnicity  Hispanic  Non-Hispanic

Race  American Indian/Native American  Asian  Black/African American  
 Native Hawaiian/Pacific Islander  White  Two or more races

### Sacrament Information:

Baptism	First Eucharist	First Reconciliation	Confirmation
____/____/____ <i>mm dd yyyy</i>	____/____/____ <i>mm dd yyyy</i>	____/____/____ <i>mm dd yyyy</i>	____/____/____ <i>mm dd yyyy</i>
_____ <i>Church</i>	_____ <i>Church</i>	_____ <i>Church</i>	_____ <i>Church</i>
_____ <i>City and State</i>	_____ <i>City and State</i>	_____ <i>City and State</i>	_____ <i>City and State</i>

### Previous schools attended starting with most recent:

Name of School	City/State	Years Attended

9400 Neenah Ave.  
Austin, TX 78717

P: (512) 246-4455  
F: (512) 246-4454

www.holyfamilycs.org



# Holy Family Catholic School

## Student Information

Student Name \_\_\_\_\_ Applying for \_\_\_\_\_  
*Last First Grade School Year*

In the spaces below, please provide us with your perspective on your child. We appreciate your effort in trying to help us know your child better.

Strengths/Talents \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spiritual Formation (*church, religious education, sacraments*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check all that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Has diagnosed learning disability        | <input type="checkbox"/> Has diagnosed behavior disorder | <input type="checkbox"/> Requires daily medication or services of any kind |
| <input type="checkbox"/> Has received psychological counseling    | <input type="checkbox"/> Has physical disability         | <input type="checkbox"/> Other _____                                       |
| <input type="checkbox"/> Has received speech or special education | <input type="checkbox"/> Has diagnoses of ADD or ADHD    | _____  |

If child has a diagnosed disability, are there any accommodations that have been recommended. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state your reasons for wishing to enroll your child in Holy Family Catholic School.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Holy Family Catholic School

## Parent Information

### FATHER

Title  Dr.  Mr.  Other \_\_\_\_\_  Natural Parent  Adoptive Parent  Stepfather

Name \_\_\_\_\_  
*Last First Middle*

Address (if different from student) \_\_\_\_\_  
*Street or PO Box City State Zip Code*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Attended Catholic School?  Yes  No

Education (highest) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Occupational Field:  Education  Financial/Accounting  Insurance  Legal  Marketing  
 Medical/Healthcare  Military/Public Safety  Technology  Retail/Sales  Other \_\_\_\_\_

Religion \_\_\_\_\_ Ethnicity \_\_\_\_\_

Current Parish \_\_\_\_\_ Member Since (mm/yyyy) \_\_\_\_\_

.....

### MOTHER

Title  Dr.  Mrs.  Ms.  Other \_\_\_\_\_  Natural Parent  Adoptive Parent  Stepmother

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
*Last First*

Address (if different from student) \_\_\_\_\_  
*Street or PO Box City State Zip Code*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Attended Catholic School?  Yes  No

Education (highest) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Occupational Field:  Education  Financial/Accounting  Insurance  Legal  Marketing  
 Medical/Healthcare  Military/Public Safety  Technology  Retail/Sales  Other \_\_\_\_\_

Religion \_\_\_\_\_ Ethnicity \_\_\_\_\_

Current Parish \_\_\_\_\_ Member Since (mm/yyyy) \_\_\_\_\_

Please notify the Admission Office of any address and phone number changes.



# Holy Family Catholic School

## Family Information

Student Name \_\_\_\_\_ Applying for \_\_\_\_\_  
*Last First Grade School Year*

Applicant lives with:

- Both Parents       Father       Stepfather       Other \_\_\_\_\_
- Grandparents       Mother       Stepmother       Other \_\_\_\_\_

Check as appropriate:

- Parents separated       Father remarried       Father deceased       Student Adopted
- Parents divorced       Mother remarried       Mother deceased       Other \_\_\_\_\_

List all children in family, including the applicant, in order of birth:

Name	Sex	Age	Date of Birth	Current Grade	Current School

Is the applicant in the current wait pool? .....  Yes     No

Has the applicant applied to Holy Family before?.....  Yes     No

*If yes, when did he/she apply and for what grade?* \_\_\_\_\_

Is applicant a sibling of a current student? .....  Yes     No

*If yes, please list name and grade* \_\_\_\_\_

Is the applicant a former student of Holy Family? .....  Yes     No

*If yes, when did when he/she attend?* \_\_\_\_\_

If accepted, I anticipate that my child will remain enrolled in Holy Family through grade \_\_\_\_\_

**Other than natural parents, please list any other adults living in the applicant's home:**

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
*Last First*

Education (*highest*) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Religion \_\_\_\_\_ Ethnic Background \_\_\_\_\_