



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 _____ Male Female

Home Address _____
Street or PO Box City
_____ *State Zip Code* Home Phone _____

Date of Birth ____/____/____ Age on September 1, 2010 ____
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 _____

Ethnicity (for statistical purposes only):

- Asian Black Hawaii/Pacific Island Hispanic
- Multi-Racial Native American White Unknown

Sacrament Information:

Baptism	First Reconciliation	First Eucharist	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



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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"/> Has received psychological counseling | <input type="checkbox"/> Has physical disability |
| <input type="checkbox"/> Has received speech or special education | <input type="checkbox"/> Requires daily medication or services of any kind |
| <input type="checkbox"/> Other _____ | |

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.



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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 _____