



Holy Family Catholic School

250 78th Avenue NE • St. Petersburg, Florida 33702

Phone: 727.526.8194 Website: www.holyfamilycatholicsschool.com Fax: 727.527.6567

2018-2019 New Student Application Form

*All of the following information must be provided to Holy Family Catholic School prior to beginning classes.

Student Name: _____
(Last Name) (First Name) (Middle Name)

Date of Birth _____ Last Grade Completed _____

Required for all grade levels

Document Name	Due Date	Received by (office use only)
Application Fee \$50 per child	Upon submission	
Registration Fee \$100 per child	April 9, 2018	
School Fee \$180 per child	July 2, 2018 (may be rolled into FACTS payments)	
State of Florida physical form (yellow form)	August 1, 2018	
State of Florida immunization form (blue form-required by Diocese of St. Petersburg)	August 1, 2018	
Birth certificate	August 1, 2018	
Baptismal/Sacramental Records (if applicable)	August 1, 2018	
FACTS registration complete	July 1 for both 10 and 11 month payment plans	

Required if applicable

Document Name	Due Date	Received by (office use only)
Official School Records Name of previous school: _____	August 1, 2018	
Court Mandated Custody Documentation (if applicable)	August 1, 2018	

Please Initial

___ If transferring from another Catholic School, a Letter of Reference from the principal must be provided which includes a statement regarding the support of the Catholic School Mission and that there are no outstanding financial obligations.

___ I understand that the above documentation must be provided before my child is considered enrolled in Holy Family Catholic School. I understand that all fees and tuition are non-refundable and that in order to secure my child's admission, all appropriate fees must be paid at the time of registration. I understand that this acceptance is based upon a ninety (90) day probationary period.

Admissions Policy Holy Family Catholic School is a parish school; therefore, children of registered, contributing members of the parish are accepted first. However, no child shall be denied entrance on the grounds of race, color, national or ethnic origin, religious affiliation or disability, if space is available.



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Consent to Exchange Confidential Information

I, _____, Parent/Legal Guardian of _____, _____ (student's DOB), a student at _____ (school name), hereby give permission to:

Holy Family Catholic School
250 78th Avenue NE
St. Petersburg, FL 33702
Phone: (727) 526-8194
Fax: (727) 527-6567

To receive/exchange information from/with:

Name of School/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

For the purpose of:

Exchanging information: Information necessary for admission and/or academic placement of student

Other: _____

Information to be disclosed includes:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Teacher Questionnaires | <input checked="" type="checkbox"/> Teacher Observations/Suggestions |
| <input checked="" type="checkbox"/> Current Academic Performance Data (Records) | <input checked="" type="checkbox"/> Professional Observations/Suggestions |
| <input checked="" type="checkbox"/> Social/Emotional/Behavioral Functioning | <input checked="" type="checkbox"/> Academic Work Samples |
| <input checked="" type="checkbox"/> Professional Evaluation Reports | <input checked="" type="checkbox"/> Standardized Test Results |
| <input checked="" type="checkbox"/> Records of Conferences/Interventions | <input checked="" type="checkbox"/> Student Support Plans/IEPs, 504 Plans |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

This consent will remain in effect from _____ (today's date) to June _____, unless otherwise stated by me.

I understand this information will be kept in strict professional confidence, and will only be released to those with immediate need, for the strict purpose of educational planning for my child. I also understand that I may revoke this consent at any time.

Parent/Guardian Signature

Date

Witness Signature

Date

I hereby request this consent is revoked effective: _____ (Date) Initials: _____

Authorized school personnel receiving the revocation: _____ (Date) Initials: _____



HOLY FAMILY CATHOLIC SCHOOL

250 78th AVENUE NE

ST. PETERSBURG, FL 33702

Office -727-526-8194 Fax 727-527-6567

www.holyfamilycatholicsschool.com

APPLICATION FOR ADMISSIONS - 2018-2019 school year

ALL APPLICATION INFORMATION MUST BE FILLED - OUT COMPLETELY- PLEASE PRINT

Registration Date: ___/___/20___ GENDER: ___F ___M CURRENT GRADE IN SCHOOL: _____

STUDENT LEGAL NAME: _____
Last First Middle Nickname

Address: _____ City: _____ Zip Code: _____ - _____

Home Phone: (____) _____ Student Social Security # (optional): _____ - _____ - _____ Student Religion: _____

Birthdate: ___/___/____ City/State of Birth: _____

Race (optional): ___African Amer./Black ___Hispanic/Latino ___Asian ___Amer. Indian/Native American ___Multi-racial
___Caucasian/White ___Pacific Islander ___Other (please specify): _____

***How or from whom did you hear about our school? (Please check one)**

___Holy Family Parish ___Family ___Friends ___Internet/Website ___Drive By ___Newspaper ___Other

CURRENT SCHOOL TRANSFERRING FROM (if applicable):

NAME: _____ GRADE: _____ PUBLIC: _____ PRIVATE: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____ - _____

PRINCIPAL'S NAME: _____ PHONE #: (____) _____

GUIDANCE COUNSELOR'S NAME: _____

*Reason for leaving current school: _____

Is student's financial account current? ___Yes ___No Are all other student financial obligations current? ___Yes ___No

CHILD RESIDES WITH:

___Both Parents ___Mother ___Father ___Mother & Stepfather ___Father & Stepmother ___Guardian
___Grandparents ___Other (please specify): _____

STUDENT'S PARENTS ARE: ___Married ___Divorced ___Separated ___Mother Deceased ___Father Deceased ___Single Parent

Student Information	**If YES to any question(s), PLEASE PROVIDE EXPLANATION**
Has your child ever been retained for any reason?	<input type="checkbox"/> NO <input type="checkbox"/> YES If so, which grade? GRADE: _____
Has your child previously been enrolled at Holy Family Catholic School?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Does your child <u>qualify</u> for special assistance at school currently attending?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Has your child ever been tested for special needs? (attach dated evaluation)	<input type="checkbox"/> NO <input type="checkbox"/> YES
Has your child ever been diagnosed with special learning needs? (attach dated evaluation)	<input type="checkbox"/> NO <input type="checkbox"/> YES
Has your child received services from a Resource Teacher, Title I Teacher, or Learning Specialist?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Has your child received accommodations/modifications in the learning process?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Does your child have an I.E.P. or 504 Plan? (please attach copy)	<input type="checkbox"/> NO <input type="checkbox"/> YES
Does your child have any allergies?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Is your child currently taking any medication(s)?	<input type="checkbox"/> NO <input type="checkbox"/> YES
How many days has your child been absent from school in the last year?	*Please provide explanation if child had over 10 absences in a year.
How many days has your child been tardy from school in the last year?	*Please provide explanation if child had over 10 tardies in a year.
Has your child ever been suspended or expelled from school?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Have you ever been required to withdraw your child from school?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Is there a language spoken at home other than English?	<input type="checkbox"/> NO <input type="checkbox"/> YES *If yes, which language(s):

SACRAMENTAL INFORMATION: Please provide the following information regarding the reception of the Sacraments.

SACRAMENT	DATE	CHURCH / ADDRESS/CITY/ZIP CODE
Baptism		
Reconciliation		
First Eucharist		
Confirmation		

CO-CURRICULAR ACTIVITIES: List all activities in which your child has participated (school or community).

****If applicable, please attach a true copy of the Shared Parental Responsibility of the Final Judgement of Dissolution of Marriage. A copy of any existing custody agreement is required before child begins school. Unless the school has court records that state otherwise, both parents have access to the student and his/her educational records.****

PARENT(S) INFORMATION:

FATHER

MOTHER

Full legal name		
Address		
City/State/Zip Code		
Home Telephone Number	()	()
Work Telephone Number	()	()
Cell Phone Number	()	()
Email Address (the one to receive school information)		
Do you have access to the Internet?	___NO ___YES	___NO ___YES
Religious Affiliation		
Occupation		
Employer		
Employer's Address		
Employer's City/State/Zip Code		
Level of Education	___High School ___College ___Higher Level (i.e. Master's)	___High School ___College ___Higher Level (i.e. Master's)
Graduate of Holy Family Catholic School?	___NO ___YES Year: _____	___NO ___YES Year: _____

STEPPARENT INFO. (if applicable):**STEPFATHER****STEPMOTHER**

Full legal name		
Address		
City/State/Zip Code		
Home Telephone Number	()	()
Work Telephone Number	()	()
Cell Phone Number	()	()
Email Address (the one to receive school information)		
Do you have access to the Internet?	___NO ___YES	___NO ___YES
Religious Affiliation		
Occupation		
Employer		
Employer's Address		
Employer's City/State/Zip Code		

PARISH INFORMATION:**FATHER****MOTHER**

Name of Family Parish		
Pastor's Name		
Address		
City/State/Zip Code		
Telephone Number		
Church Envelope Number		

Family not registered in a local Catholic Parish / Non-Catholic

SCHOOL AGE BROTHERS AND SISTERS OF STUDENT:

Student Name: _____ Age: _____ Grade: _____ School Attending: _____

Student Name: _____ Age: _____ Grade: _____ School Attending: _____

Student Name: _____ Age: _____ Grade: _____ School Attending: _____

Student Name: _____ Age: _____ Grade: _____ School Attending: _____

FINANCIAL ASSISTANCE:

Do you need financial assistance?	___NO ___YES
Applying/Reapplying for Step Up for Students?	___NO ___YES
Applying / Reapplying for Step Up for Students Gardiner Scholarship [to be approved by Principal]	___NO ___YES
Applying for McKay Scholarship [to be approved by Principal]	___NO ___YES

****ESSAY (please complete on a separate piece of loose leaf paper):** All students applying for admission to Grades 6, 7 or 8 are required to hand write an essay on the topic: “*The importance of a Catholic education is...*”

****Application Fee (non-refundable): \$50.00 per family to be included with this application.** *This registration is not a guarantee that you will be accepted by Holy Family Catholic School (HFCS) for the current/coming school year. It represents your request that HFCS accept your child(ren) for enrollment during the current/coming year. HFCS reserves the right to decline enrollment.*

****I certify that all the information contained in this application is correct and true. I understand that any willful omission, falsification, or misrepresentation of the facts can be sufficient reason for denial of application and/or dismissal from school. In such an event, tuition is NOT refunded.**

Mother’s / Guardian Signature: _____

Date: _____

Father’s / Guardian Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Registration Fee Paid: ____/____/20__

Check #: _____

Holy Family Catholic Church Envelope#: _____