



Holy Family Catholic School

250 78th Ave NE – St. Petersburg, FL 33702
Office- 727-526-8194 – Fax 727-527-6567
www.holyfamilycatholicsschool.com

2020-2021 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 Non Refundable	Upon submission	
Registration Fee \$350 per child Non Refundable	June 30, 2020 Upon Acceptance	
State of Florida Physical	August 1, 2020	
State of Florida Immunization	August 1, 2020	
Birth certificate	August 1, 2020	
Baptismal/Sacramental Records (if applicable)	August 1, 2020	
FACTS registration must be completed by June 15 th , 2020	June 15 th , 2020 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, 2020	
Court Mandated Custody Documentation (if applicable)	August 1, 2020	

Please Initial

___ I understand that the above documentation must be provided before my child is considered enrolled in Holy Family Catholic School. I understand that all admission 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, ethnic origin, or religious affiliation.



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PLEASE PRINT ALL INFORMATION

Date: ___/___/___

Student Information

Student's Full Legal Name	
Student's Nickname	
Address	
City/State/Zip	
Family Primary Email Address	
Family Primary Phone Number	
Gender (please check one)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current Grade in School	
Date of Birth	
Student lives with...	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian, Relationship: _____
Is English the primary language spoken at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a second language spoken at home?	<input type="checkbox"/> Yes (please list) _____ <input type="checkbox"/> No
What is your family's racial background? (Check all that apply)	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White, Caucasian <input type="checkbox"/> Hispanic, Latino, Hispanic American
What is your family's ethnic background?	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
What is your family's religious affiliation?	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic

Family Information

Primary Custodial Parent: _____ Does other parent have legal access? Yes No

****If applicable, please attach a true copy of the Shared Parental Responsibility of the Final Judgment of Dissolution of Marriage.**



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Father / Guardian

Full Legal Name	
Address	
City/State/Zip	
Living or Deceased	
Home Telephone Number	()
Work Telephone Number	()
Mobile Telephone Number	()
E mail address (the one to receive school info)	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other
Religion	
Occupation (be specific)	
Employer	
Level of Education	<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Higher Level (Master's)
Graduate of Holy Family Sch ?	<input type="checkbox"/> Yes <input type="checkbox"/> No Year _____

Mother / Guardian

Full Legal Name	
Address	
City/State/Zip	
Living or Deceased	
Home Telephone Number	()
Work Telephone Number	()
Mobile Telephone Number	()
E mail address (the one to receive school info)	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other
Religion	
Occupation (be specific)	
Employer	
Level of Education	<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Higher Level (Master's)
Graduate of Holy Family Sch ?	<input type="checkbox"/> Yes <input type="checkbox"/> No Year _____



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Step Parent (if applicable):

Full Legal Name	
Address	
City/State/Zip	
Home Telephone Number	()
Work Telephone Number	()
Mobile Telephone Number	()

Parish Information

We are Catholic and are registered members of Holy Family Catholic Church

- Contributing to the Parish? Yes No
- Attending Mass on a weekly basis? Yes No

We are Catholic and are registered members of another Catholic Church

Name of Parish	
Pastor's Name	
Address	
City/State/Zip	
Telephone Number	

We are Catholic, but have not been practicing our faith.

We intend to register with Holy Family Church and become active Catholics.

We are not registered in a local Catholic parish/ We are not Catholic

Sacramental Information

(Please provide the following information regarding the reception of the sacraments)

Sacrament	Date	Church/Address	Certificate
Baptism			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reconciliation			<input type="checkbox"/> Yes <input type="checkbox"/> No
First Eucharist			<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation			<input type="checkbox"/> Yes <input type="checkbox"/> No

Choice of Tuition (please check one)

<input type="checkbox"/> Full payment by (on or before) July 10 th (3% discount)
<input type="checkbox"/> Two payments (on or before) by July 10 th and by December 10 th (1% discount)
<input type="checkbox"/> Three payment (on or before) July 10 th , November 10, and February 10 th
<input type="checkbox"/> Monthly: <input type="checkbox"/> 10 months (July-April) OR <input type="checkbox"/> 11 months (July-May)

Do you need financial assistance? Yes No **Please note: Scholarships cannot be combined**

<input type="checkbox"/> Applying/ Re-applying for Step Up for Students (Florida Tax Credit) Scholarship
<input type="checkbox"/> Applying/ Re-applying for AAA (Florida Tax Credit) Scholarship
<input type="checkbox"/> Applying/ Re-applying for Gardner (formerly PLSA) Scholarship (to be approved by the Principal)
<input type="checkbox"/> Applying/ Re-applying for McKay Scholarship (to be approved by the Principal)
<input type="checkbox"/> Catholic School Tuition Grant Application must be made through FACTS Management
<input type="checkbox"/> Apply Holy Family Catholic School Based Scholarship



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Current School Information

Name of School	
Grade in School	
Principal's Name	
School Address	
City/State/Zip	

Questions	Explanation
Has your child been tested for exceptional education (gifted) programming?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been tested for special learning needs? If yes, submit a copy of the evaluation and the date of that evaluation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been diagnosed with special learning needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child received services from a resource teacher, Title I teacher, learning specialist?	<input type="checkbox"/> Yes - please provide the teacher's name: _____ <input type="checkbox"/> No
Has your child received accommodations/modifications in the learning process? If yes, then please provide a copy of the SSP or IEP.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have an SSP, IEP or 504 Plan in place? If yes, please provide a copy of the plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies? / Medications	<input type="checkbox"/> Yes (please list) _____ <input type="checkbox"/> No

Attendance and Discipline Record

How many days has your child been absent and tardy from school in the last year?	Absent: _____ Tardy: _____
Has your child ever been suspended from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever been expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Co-Curricular Activities

(List all activities in which your child has participated)

Essay: All students applying for admission to grades 6, 7, or 8 are required to Handwrite an essay on the topic: "The importance of an education is..."

Please indicate if a particular school family recommended you to Holy Family Catholic School

Yes No Name of recommending family: _____

If you checked "yes" to any boxes, especially those questions referring to your financial obligations to your previous school, your child's academic or behavioral record, or if you would like to provide us with any information that we might need for considering your child for admission to our school, please use this space for comments.

Application and Registration Fee (non-refundable): \$50 Application Fee per student to be included with this application form. Once accepted, the Registration Fee is due \$300 (non-refundable).

This application is not a guarantee that you will be accepted by Holy Family Catholic School for the coming school year. It represents your request that HFCS accepts your child(ren) for enrollment during the coming year. HFCS reserves the right to decline enrollment.

I certify that all the information contained in this application is correct. I acknowledge that the falsification of information or any misrepresentation of the facts can be sufficient reason for denying application and/or dismissal from school.

Mother's Signature: _____

Date: _____

Father's Signature: _____

Date: _____

Legal Guardian's Signature: _____

Date: _____

Legal Guardian's Relationship to Student: _____

FOR OFFICE USE ONLY:

App Fee: Ck# _____ Cash _____ Amt. _____ Date: _____
Reg Fee: Ck# _____ Cash _____ Amt. _____ Date: _____

Rev. 2020



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Request for Student Confidential Information

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

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: _____ |

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

Parent/Guardian Signature

Date