



**APPLICATION FOR ADMISSION
2012 - 2013 SCHOOL YEAR**



With this completed application, please provide copies of student's birth certificate, baptismal certificate, social security card, and immunization records. If applicable, please provide a current report card, last year's report card, and copies of standardized test scores.

STUDENT INFORMATION

Date _____

Child's First Name _____

Name Child Goes By _____

Child's Middle Name _____

Child's Last Name _____

Grade Entering for 2012 - 2013 _____

Race _____ Gender _____

Religion _____

Child's Social Security Number _____

Date of Birth _____ Age _____

Birth City & State _____

Birth Certificate Number _____

Previous Schools Attended _____

Student resides with _____

STUDENT BAPTISMAL INFORMATION

Baptism Date _____

Baptism Church _____

Baptism City _____ State _____

PARISH INFORMATION

Church Parish _____

(Family must be registered at this church parish. If registered, you should be receiving tithing envelopes.)

Name registered under at Church _____

Civil Parish _____

(WBR, EBR, Iberville, Pointe Coupee, etc.)

STUDENT MEDICAL INFORMATION

Is this student currently taking medication? _____

Will this student take medication at school? _____

(If yes, please obtain medication form from office. Form must be signed by a physician.) If yes, please explain:

Does the student have any medical conditions? ___ Yes ___ No

If yes, please explain: _____

Do you feel this student has describable learning problems?

If yes, please explain _____

Has this student received any remedial tutoring at any time?

If yes, please state the remedial tutoring place _____

Has this student ever been enrolled in any special education classes? _____

If yes, please state the place _____

Has this student ever been tested for a Gifted and Talented Program? _____

Please indicate any diagnoses that may apply to this student.
(Circle all that apply.)

ADD ADHD Hearing Impaired

Dyslexia Allergies Other

FAMILY INFORMATION

(This should be the address where the child resides.)

Home Phone _____

Home Street Address _____

City _____

State _____ Zip _____

Mailing Address _____
(If same as home, leave blank.)

E-mail Address _____

FATHER'S INFORMATION

First Name _____

Middle Name _____

Last Name _____

Father's Address _____

E-mail Address _____

Is Father Biological Step Guardian

Father's Race _____ Marital Status _____

Employer _____

Occupation _____

Work # _____

Cell # _____

Religion _____

Church Parish _____

For Office Use Only:

Registration Fee _____

Maintenance Fee _____

Tuition _____

MOTHER'S INFORMATION

First Name _____

Maiden Name _____

Last Name _____

Mother's Address _____

E-mail Address _____

Is Mother Biological Step Guardian

Mother's Race _____ Marital Status _____

Employer _____

Occupation _____

Work # _____

Cell # _____

Religion _____

Church Parish _____

GENERAL INFORMATION

Will you be interested in bus transportation provided by West Baton Rouge Parish? _____

If yes, please obtain form from office.

Is your child transferring from another Catholic school within the Diocese of Baton Rouge? _____

Do you give permission to be listed in the HFS telephone directory? *(Directory is posted online and is password-protected; open to HFS families only.)*

What address and phone number would you like listed in the directory? _____

E-mail address for newsletters *(list all emails you would like to receive information)*

Phone #(s) for Broadcast Calls : _____
