

HOLY FAMILY CATHOLIC SCHOOL

6146 PERSHING AVENUE, FORT WORTH, TX 76107

817- 737-4201 www.hfsfw.org

APPLICATION FOR ENROLLMENT

STUDENT INFORMATION: To be enrolled at HFCS. for the 20__20__ year in the _____ grade.

Student Name (Last) _____ (First) _____ (M.I.) _____ (Sex M/F) _____

Present Address _____ City _____ TX _____ State _____ 76 _____ Zip _____

Home Phone # _____ Place of Birth _____ Date of Birth _____

Religious Affiliation _____ Parish _____

Email: _____

Complete the following for Catholic students only:

	Date	Parish	City/State	Zip
Baptism	___/___/___	_____	_____	_____
1st Communion	___/___/___	_____	_____	_____

Complete the following family information for the oldest child only.

Parents are: ___ Married ___ Single ___ Divorced ___ Separated

Father Name (Last) _____ (First) _____ (M.I.) _____ Religious affiliation _____

Address (if different from Student) _____

Occupation _____ Place of Employment _____ Work Phone # _____

Mother Name (Last) _____ (First) _____ (M.I.) _____ Religious affiliation _____

Address (if different from Student) _____

Occupation _____ Place of Employment _____ Work Phone # _____

Siblings not presently attending Holy Family Catholic School:

Name:

Date of birth:

___/___/___
___/___/___

How did you hear about Holy Family Catholic School: ___ Church ___ Family/friend ___ phone book
___ web site ___ ad ___ other: _____

School last attended

Name: _____

Address: _____

Phone number: _____

Principal's name: _____

Why do you wish to withdraw your child from his/her present school?

Why do you wish to enroll your child in Holy Family Catholic School?

Is your child presently enrolled in any special school program(s)? _____ If so, please specify. _____

Does your child take any prescriptive medication? _____ If so, please specify. _____

Does your child have any allergies? _____ If so, please specify. _____

Has your child been tested or diagnosed for learning disabilities, Attention Deficit Disorder, behavior or emotional difficulties? _____ If so, please specify. _____

Describe any tutoring or special help your child may have received or is receiving.

Describe any special needs of your child of which the school should be aware. (educational, health etc.)

By means of this application, I/we request that my/our above-named child be accepted for enrollment at Holy Family Catholic School. To the best of my/our knowledge, all the information in this application is true and correct.

Father's signature

Date

Mother's signature

Date

Holy Family Catholic School is in compliance with the Civil Rights Act of 1964 and other federal statutes for non-discrimination in its employment and admissions practices.