

# 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 2010-11 year in the \_\_\_\_\_ grade.

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

Present Address \_\_\_\_\_ City \_\_\_\_\_ State TX Zip 76

Home Phone # \_\_\_\_\_ Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Parish \_\_\_\_\_

Email: \_\_\_\_\_

<i>Complete the following for Catholic students only:</i>				
	Date	Parish	City/State	Zip
Baptism	___/___/___	_____	_____	_____
1st Communion	___/___/___	_____	_____	_____

<i>Complete the following family information for the oldest child only.</i>			
Parents are: ___Married ___ Single ___Divorced ___ Separated			
<b>Father Name</b> (Last)	(First)	(M.I.)	Religious affiliation
Address (if different from Student)			
Occupation	Place of Employment	Work Phone #	
<b>Mother Name</b> (Last)	(First)	(M.I.)	Religious affiliation
Address (if different from Student)			
Occupation	Place of Employment	Work Phone #	
<b>Siblings not presently attending Holy Family Catholic School:</b>			
<u>Name:</u>		<u>Date of birth:</u>	
_____		___/___/___	
_____		___/___/___	

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.