HOLY FAMILY
REGIONAL CATHOLIC SCHOOL

2477 Trenton Road • Levittown, PA 19056-1486
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APPLICATION FOR ADMISSION

Pre-Kindergarten Information:
❑ Four-year-old Program
___ Full Day ___ Half Day
❑ Three-year-old Program
___ Full Day ___ Half Day
___ 3 days ___ 5 days
Circle days: M Tu W Th F

Date of Application: _____ ***Grade Entering in Fall 2012:*** _____

Student Name: _____
Last *First* *Middle*

❑ Male ❑ Female Date of Birth: _____ Birth City/State: _____
month/day/year

Social Security No.: _____ Home Phone: _____

Address: _____
Street Address

_____
City *State* *Zip*

Township/School District: _____ Bus Transportation Required? ❑ Yes ❑ No

FAMILY INFORMATION

Student Lives With: ❑ Both Parents ❑ Father Only ❑ Mother Only ❑ Joint Custody *(provide copy of custody papers)*
❑ Other: _____
Guardian Name/Relationship

Parents Are: ❑ Married ❑ Widowed ❑ Divorced ❑ Unmarried-Separated ❑ Unmarried-Living Together

Father's First and Last Name: _____ ❑ Living ❑ Deceased

Country of Birth: _____ Religion: _____

Address *(if not same as child)*: _____

Home Phone *(if not same as child)*: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____ Spouse *(if other than mother)*: _____

Mother's First and Maiden Name: _____ ❑ Living ❑ Deceased

Country of Birth: _____ Religion: _____

Address *(if not same as child)*: _____

Home Phone *(if not same as child)*: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____ Spouse *(if other than father)*: _____

Siblings:

Name: _____ Current School: _____ Grade in Fall 2012: ___

Name: _____ Current School: _____ Grade in Fall 2012: ___

Name: _____ Current School: _____ Grade in Fall 2012: ___

PARISH INFORMATION

Parish: ❑ Immaculate Conception ❑ Queen of the Universe ❑ St. Frances Cabrini ❑ St. Joseph the Worker

NOTE: For new registrations, you must attach a letter from your pastor indicating that your child is indeed a registered member of one of the four sponsoring parishes listed above.

❑ Other: _____

NOTE: For Catholics who do not reside within the boundaries of one of the four sponsoring parishes, your child must be registered in the parish where you reside. If your parish does not have its own parish school, you must attach a letter from your pastor indicating his permission for your child to attend Holy Family Regional Catholic School. If your parish has its own parish school, you are not eligible to register at Holy Family Regional Catholic School.

Sacrament	Date Rec'd.	Church	City	State
Baptism				
Penance				
Holy Eucharist				
Confirmation				

EDUCATION INFORMATION

Previous School(s) and/or Pre-School(s) Attended *(beginning with current school):*

(1) _____
Current School Name *City, State* *Phone* *Current Grade*

(2) _____
Previous School Name *City, State* *Phone* *Grades Attended*

(3) _____
Previous School Name *City, State* *Phone* *Grades Attended*

Has your child had any special testing (physical, psychological, or special assessment, such as gifted/talented)? ❑ Yes ❑ No

If yes, please explain: _____

Has your child ever been retained or skipped a grade? ❑ Yes ❑ No If yes, when? _____

Has your child ever been suspended or expelled from any school attended? ❑ Yes ❑ No

If yes, please explain: _____

We will be reviewing transcripts and grades from your child's current school. Please provide any additional information we should take into consideration concerning your child's academic performance. _____

_____

TUITION AND FEES INFORMATION

Name of Person(s) Responsible for Tuition and Fees: _____

Address *(if not previously noted)*: _____

Home Phone *(if not previously noted)*: _____ Cell Phone *(if not previously noted)*: _____

Email Address *(if not previously noted)*: _____

I, the undersigned, understand that if my child is admitted to Holy Family Regional Catholic School and enrolls for the 2012-13 school year, I am obliged to pay all tuition, fees, and expenses for that year. I also understand that all registration and other fees are non-refundable. I certify that, to the best of my knowledge, the information provided above is accurate and complete.

_____
Signature of Parent or Guardian *Date*

Applications for admission to Holy Family Regional Catholic School are considered without regard to race, color, gender, or national origin.