

APPLICANT INFORMATION

Applicant's Name _____
First Middle Last Preferred Name

Applicant's Home Address _____
Street

City State Zip Phone

Date of Birth _____ Place of Birth _____ Religion _____

Parish where applicant was Baptized _____
Church City State

If the child does not reside with both parents, with whom does he/she reside? _____

SCHOOL INFORMATION

Applicant is now in the _____ grade at _____
School Name

Street Address City State Zip

Telephone Name of Principal Public School District

Has your child ever repeated any grade? ___ Yes ___ No If yes, which grade? _____

Did your child attend preschool/day care? ___ Yes ___ No If yes, where? _____

Please describe any illness, disease, or physical disabilities which either have affected or may affect your child's general health, school work or participation in the school's athletic programs. _____

Have any behavioral, psychological or educational evaluations of your child been done? ___ Yes ___ No
If yes, when and by whom? _____. (We may request a copy of the report from you.)

Does your child receive supportive help in school now or in the past? Please indicate grades in which special help was received in any of the following areas:

___ Remedial Reading/Math ___ Learning Disabilities Resource Room ___ Tutoring
___ Speech/Language Therapy in School or Private Agency ___ Occupational Therapy
___ Other _____

Other relevant school history: _____

Realizing that Holy Name School works closely with each student enrolled I have included all important information of a medical, psychological, educational or disciplinary nature.

Parent' Signature _____ Date _____

CHURCH MEMBERSHIP INFORMATION

Is one of the applicant's parents presently a registered contributing member of Holy Name Parish? ___ Yes ___ No

Please indicate the date you registered in Holy Name Parish? _____

To what parish are you currently registered? _____

FAMILY INFORMATION

Father's Name _____

Mother's Name _____

Occupation _____

Occupation _____

Business Address _____

Business Address _____

Business Phone _____

Business Phone _____

Cell Phone _____

Cell Phone _____

Normal Work Hours _____

Normal Work Hours _____

Person who is financially responsible for tuition and fees _____

Street

City

State

Zip

Other Family Members:

Name

Birthday/Age

School/Grade

Why do you want your child to attend Holy Name School?

I have received a copy of the Admissions Policy and understand its content.

Parent's signature _____ Date _____



HOLY NAME CATHOLIC SCHOOL

680 Harmon
Birmingham, MI 48009
Phone: (248) 644-2722

Our Mission

We endeavor to create a Catholic community which promotes
the development of life-long learners dedicated
to living the Gospel message

APPLICATION FOR ADMISSION

Check level applying for:

Grade 8 Grade 7 Grade 6 Grade 5 Grade 4
 Grade 3 Grade 2 Grade 1 Kindergarten Pre Kindergarten

(Name of Applicant)

I understand that this application for enrollment is subject
to the conditions stated on this application.

THE APPLICATION PROCESS

In order to begin the application process, a parent or guardian of the applicant must complete the general application form and return it to the school with a non-refundable \$25 application fee.
Please make checks payable to Holy Name School.