



Admission Form

Date of Application _____
Registration Fee Paid _____
Enrollment Year _____
Entering Grade _____

STUDENT INFORMATION

Name _____
Last First Middle

Sex: M F

Home Address _____
Street & Number City Zip Code

Telephone (____) _____ Religion _____ Date of Birth _____

Place of Birth _____ City State/Country Transportation: _____ Car _____ School Bus
(not applicable for Preschool)

Please check the one that applies to the child:

Ethnic Background

- Hispanic
- White
- Black
- Asian
- Native American
- Multi-Cultural

Living with

- Both Parents
- Father
- Mother
- Legal Guardian
- Foster Parent
- Shared Custody
- Other (Specify): _____

Language Spoken at Home

- English
- Other (Specify): _____

Student's First Language(s)

- English
- Other (Specify): _____

Parental Information

- Father: Single
 Married
 Divorced
 Remarried
 Deceased

- Mother: Single
 Married
 Divorced
 Remarried
 Deceased

Citizenship U.S. Citizen Non-U.S. Citizen (Specify): _____

FAMILY RECORD

Father's Name

Last First Middle

Address _____
Street & Number City State Zip

Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

Occupation _____
Name of Business Type of Work

Business Address _____
Street & Number City State Zip

Place of Birth _____ U.S. Citizen Yes No Religion _____

Mother's Name

Last First Middle

Address _____
Street & Number City State Zip

Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

Occupation _____
Name of Business Type of Work

Business Address _____
Street & Number City State Zip

Place of Birth _____ U.S. Citizen Yes No Religion _____

E-mail addresses: _____
Father's Mother's

[If child not living with parent(s)]:

Legal Guardian's Name

Last

First

Middle

Address

Street & Number

City

State

Zip

Home Phone (____)

Business Phone (____)

Cell Phone (____)

Occupation

Name of Business

Type of Work

Business Address

Street & Number

City

State

Zip

Relationship to Child

MISCELLANEOUS INFORMATION

OTHER SIBLINGS:

Name

Age/Grade

School

RECORD OF SACRAMENTS:

BAPTISM

FIRST RECONCILIATION

FIRST EUCHARIST

CONFIRMATION

Date

Church

City

Name of parish, church, or temple family currently attends

City

Registered? (Yes/No)

PREVIOUS SCHOOLING

List all school(s) previously attended, including Preschool through current year.

Grades(s)

Name of School

- Public School District where student currently lives _____
- HAS CHILD RECEIVED SPECIALIZED EDUCATIONAL TESTING? ____ Yes ____ No. If yes, explain:

- DOES CHILD CURRENTLY HAVE AN IEP? _____ Yes _____ No
- HAS CHILD BEEN A RECIPIENT OF SPECIALIZED SERVICES? _____ Yes _____ No

REASON(S) FOR APPLYING TO HOLY GUARDIAN ANGELS REGIONAL SCHOOL

HOW DID YOU LEARN ABOUT HGA? ____ Our Website ____ Parish Bulletin ____ Pre-School ____ Other

DID ANOTHER FAMILY DIRECT YOU TO HGA? IF YES, WHO? _____