

# Holy Name of Jesus School

6325 Cromwell Place  
New Orleans, La 70118  
Phone: 504-861-1466  
Fax: 504-861-1480

## NEW STUDENT APPLICATION

\_\_\_\_\_  
Last Name                      First                      Middle                      Name to be called in school

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip                      Social Security Number

\_\_\_\_\_  
Date of Birth                      City/State of Birth                      Gender                      Religion

\_\_\_\_\_  
Home Phone Number                      Ethnic Group

\_\_\_\_\_  
If Catholic, registered member of \_\_\_\_\_ (Name of Parish)

\_\_\_\_\_  
Envelope Number (if parishioner)

\_\_\_\_\_  
Grade for which you are applying: \_\_\_\_\_ School Year \_\_\_\_\_

\_\_\_\_\_  
Date of Application:

\_\_\_\_\_  
Name of person completing this application

**\*\*The age cut off day for PK3, PK4 and Kindergarten is September 30<sup>th</sup>\*\***

### Applications must include the following to be processed:

- New Student Application and Release Form
- \$50 Application Fee
- A current photo of the applicant
- A copy of the child's official birth certificate
- A copy of the child's baptismal certificate (if applicable)
- A copy of psychological testing (if applicable)
- Student academic records
- Immunization records

Holy Name of Jesus School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national, or ethnic origin or disability in violation of state or federal law or regulation in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

### FATHER'S INFORMATION

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Social Security Number</b>		
<b>Street Address</b>	<b>City/State/Zip</b>		<b>E-Mail</b>		
<b>Occupation</b>	<b>Business Name</b>	<b>Business Phone</b>			
<b>Religion</b>	<b>Country of Birth</b>	<b>Cell Phone</b>			
<b>Holy Name Alumni?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Year</b> _____		
<b>Marital Status</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Remarried

### MOTHER'S INFORMATION

<b>Last Name</b> (Maiden name)	<b>First Name</b>	<b>Middle</b>	<b>Social Security Number</b>		
<b>Street Address</b>	<b>City/State/Zip</b>		<b>E-Mail</b>		
<b>Occupation</b>	<b>Business Name</b>	<b>Business Phone</b>			
<b>Religion</b>	<b>Country of Birth</b>	<b>Cell Phone</b>			
<b>Holy Name Alumni?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Year</b> _____		
<b>Marital Status</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Remarried

### SACRAMENTAL INFORMATION FOR CATHOLIC APPLICANTS

<b>Date of Baptism</b>	<b>Church</b>	<b>City and State</b>
<b>Date of First Reconciliation</b>	<b>Church</b>	<b>City and State</b>
<b>Date of First Communion</b>	<b>Church</b>	<b>City and State</b>

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## EDUCATIONAL INFORMATION

Current School \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Does your child have any **PHYSICAL DISABILITIES** of which you are aware?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your child have any **LEARNING DISABILITIES** of which you are aware?  Yes  No

If yes, please explain: \_\_\_\_\_

Is your child receiving accommodations at their current school?  Yes  No

If yes, please explain: \_\_\_\_\_

Has your child completed a psycho-educational evaluation?  Yes  No

(If yes, please provide a copy)

Is your child currently being treated by a psychiatrist, psychologist, or counselor?  Yes  No

If yes, please provide their information: \_\_\_\_\_

Is your child on any type of medication?  Yes  No If yes, please list below:

Medical Problem

Name of Medication

Dosage

Has student ever attended Holy Name?  Yes  No If yes, what year? \_\_\_\_\_

Has student ever repeated a grade?  Yes  No If yes, what grade? \_\_\_\_\_

Has student been suspended or expelled?  Yes  No If yes, Why? \_\_\_\_\_

Have you applied at other schools?  Yes  No If yes, name of schools \_\_\_\_\_

Is there additional information you would like to communicate concerning your child?

Although we attempt to meet the needs of each student, we are not equipped to teach students with severe learning or physical disabilities. In the event that we cannot adequately meet your child's needs, we will notify you. Please supply any pertinent, past or present, medical, social/emotional, or psychological information which may impact our ability to provide for your child's special needs.

# ADDITIONAL FAMILY INFORMATION

## OTHER CHILDREN IN FAMILY

<u>Name</u>	<u>Gender</u>	<u>Age</u>	<u>School Attending</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is applicant living with both parents?     Yes     No

If not, with whom does applicant live? \_\_\_\_\_  
Relationship \_\_\_\_\_

Full name of step-parent(s) or guardian(s) \_\_\_\_\_

Please note any siblings who have graduated from Holy Name School:

<u>Name</u>	<u>Class Year</u>
_____	_____
_____	_____
_____	_____

Correct billing address for student tuition, if other than home address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

For Office Use Only			
Application Received _____	Application Fee _____	Cash _____	Check # _____
Birth Certificate <input type="checkbox"/>	Baptismal Certificate <input type="checkbox"/>	Record Release Form <input type="checkbox"/>	Health Records <input type="checkbox"/>
<input type="checkbox"/> Sibling			
<input type="checkbox"/> Alumni			
<input type="checkbox"/> Catholic			
<input type="checkbox"/> Parishioner			
<input type="checkbox"/> Non-Catholic			
			<input type="checkbox"/> Ready for Review
			<input type="checkbox"/> Reviewed
			<input type="checkbox"/> Accept
			<input type="checkbox"/> Wait List
			<input type="checkbox"/> Non-Acceptance

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