

# Holy Name of Jesus School

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

## NEW STUDENT APPLICATION

_____			
<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Name to be called in school</b>
_____			
<b>Street Address</b>			
_____			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Social Security Number</b>
_____			
<b>Date of Birth</b>	<b>City/State of Birth</b>	<b>Gender</b>	<b>Religion</b>
_____			
<b>Home Phone Number</b>		<b>Ethnic Group</b>	
_____			
<b>If Catholic, registered member of _____ (Name of Parish)</b>			
<b>Envelope Number (if parishioner) _____</b>			
_____			
<b>Grade for which you are applying:</b> _____		<b>School Year</b> _____	
<b>Date of Application:</b> _____			
<b>Name of person completing this application</b> _____			

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

- The cut off day for Pre-Kindergarten and Kindergarten is September 30<sup>th</sup>.
- New Student Application
- A current photo of the applicant
- A copy of the child's official birth certificate and baptismal certificate
- A copy of psychological testing, if applicable
- 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

<hr/>			
<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Social Security Number</b>
<hr/>			
<b>Street Address</b>	<b>City/State/Zip</b>		<b>E-Mail</b>
<hr/>			
<b>Occupation</b>	<b>Business Name</b>	<b>Business Phone</b>	
<hr/>			
<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

<hr/>			
<b>Last Name</b> (Maiden name)	<b>First Name</b>	<b>Middle</b>	<b>Social Security Number</b>
<hr/>			
<b>Street Address</b>	<b>City/State/Zip</b>		<b>E-Mail</b>
<hr/>			
<b>Occupation</b>	<b>Business Name</b>	<b>Business Phone</b>	
<hr/>			
<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

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

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## EDUCATIONAL INFORMATION

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

Address \_\_\_\_\_

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

Do you **SUSPECT** any disability?     Yes     No

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

Has your child been treated by a psychiatrist, psychologist, or counselor?     Yes     No

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

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.

## OTHER CHILDREN IN FAMILY

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

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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       Baptismal Certificate       Record Release Form       Health Records

	*Student Info Questionnaire _____	Ready for Review _____
	*Kindergarten Questionnaire _____	Reviewed _____
	*Pre-Kindergarten _____	Reviewed _____
SIBLING _____	*Report Card Grade 1-8 _____	Accept _____
ALUMN _____	*Standardized Testing _____	Wait List _____
CATH _____	*No Pre-School _____	Non-Acceptance _____

N/C \_\_\_\_\_      Screening/Meeting \_\_\_\_\_

Other \_\_\_\_\_

SIBLING GRADES: \_\_\_\_\_