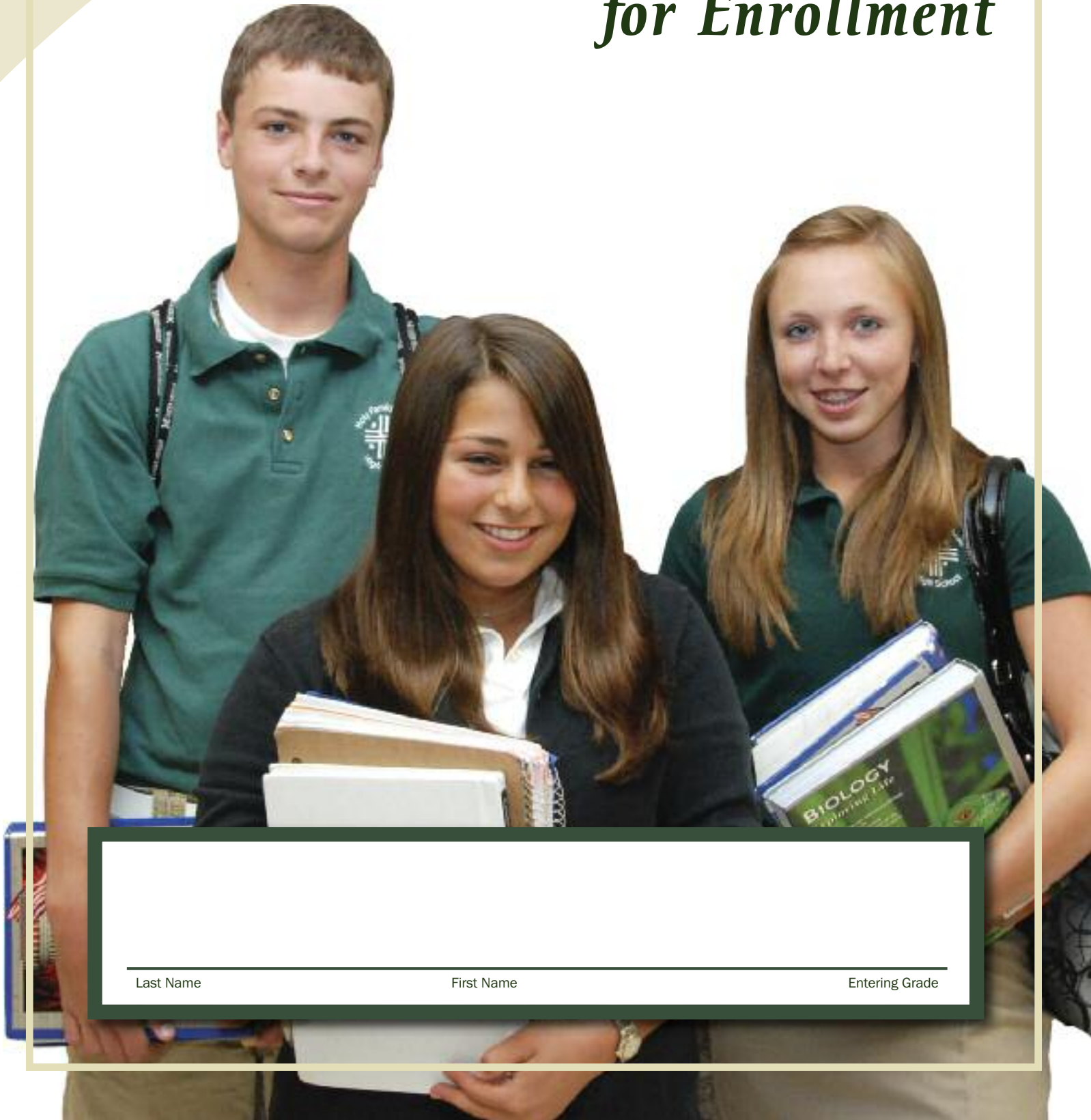




Holy Family Catholic High School

APPLICATION *for Enrollment*



Last Name

First Name

Entering Grade



Holy Family Catholic High School

Our Mission

Holy Family Catholic High School offers students excellence in education by providing opportunities to grow spiritually, morally, intellectually and physically within a community of faith. We empower and encourage our students to achieve personal excellence, to use their talents to lead, and to serve God, one another and the larger community.

Completing This Application

1 Complete All Sections of the Application

Student information, short answer and signature required.

2 Application Fee

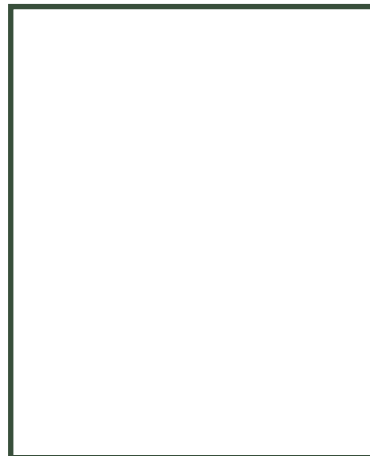
\$200
non-refundable
Application
Fee required.

3 Transcript and Transportation Requests

Transcript request form must be returned to HFCHS.
Transportation request optional.

4 Special Education Service Request

To be completed only if special education services are requested.



We encourage you to submit a recent photo of yourself!

Student Information

Student's Name _____

Home Address _____

Date of Birth _____ Place of Birth _____

Phone _____ Gender M F Age _____

School Year Enrolling _____ Grade Enrolling In 9 10 11 12

School Currently Attending _____

School Address _____

Public School District in Which You Reside _____

Religion _____ Parish _____

Ethnic Affiliation (for Statistical Purposes Only)

Asian/Pacific Islander Caucasian Latino/Hispanic Native American

African American Biracial (please identify) _____

Student Resides with

Parents Mother Father Guardians

Mother & Stepfather Father & Stepmother Other (please explain) _____

Student Interests and Hobbies



Short Answer

For student to complete: Why would you like to attend Holy Family Catholic High School?

Parent Information

MOTHER

Name _____ Custodial Parent? Y N

Spouse's Name _____

Address (if different from student's) _____

Home Phone _____ Employer _____

Cell Phone _____ Position _____

Work Phone _____ Email _____

FATHER

Name _____ Custodial Parent? Y N

Spouse's Name _____

Address (if different from student's) _____

Home Phone _____ Employer _____

Cell Phone _____ Position _____

Work Phone _____ Email _____

Family Information

Maternal Grandparents _____

Home Address _____

Paternal Grandparents _____

Home Address _____

Sibling Information

Name	Grade	Current School	Gender
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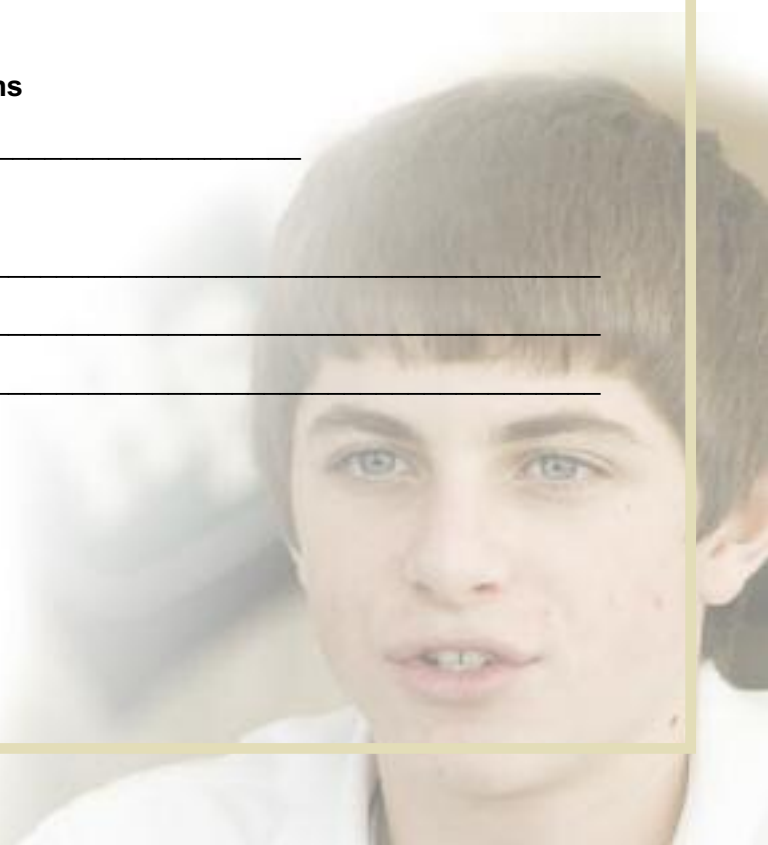
Communication

Preferred email account for school communications

Please indicate if duplicate mailings are desired:

Name _____

Address _____



Other Information

Please indicate any special learning needs your child may have:

How did you learn about enrolling opportunities at Holy Family?

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> Family | <input type="checkbox"/> Open House | <input type="checkbox"/> School |
| <input type="checkbox"/> Realtor | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Parish |
| <input type="checkbox"/> Website | <input type="checkbox"/> Magazine | <input type="checkbox"/> Newspaper article |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other (please explain) _____ | |

Signature

By signing this application, I/we affirm that the information provided is correct to the best of my/our knowledge.

Parent/Guardian Signature *Date*

Student Signature *Date*

Holy Family Catholic High School accepts all students regardless of race or creed who present the necessary qualifications for participating in and achieving success both academically and behaviorally. Freshmen are tested for academic placement purposes only. Students who are not Catholic must be willing to attend all Masses and other prayer-related activities and fulfill the theology requirement for graduation.

Questions? Please visit our website at www.hfchs.org or contact our Admissions Office:

Rob Bell
Director of Admissions
952.443.1955 x3132
bellr@hfchs.org

Laura Podergois
Admissions Associate
952.443.1955 x3134
podergoisl@hfchs.org



The ABCs of Enrollment

a

APPLICATION FOR ENROLLMENT

Mail your completed application, **along with your non-refundable \$200 Application Fee**, to:

**Admissions Office
Holy Family Catholic High School
8101 Kochia Lane
Victoria, MN 55386**

An application for enrollment is not considered complete without the the Application Fee.

b

PLACEMENT TESTING (strongly suggested)

The placement test serves as a tool for Holy Family Catholic High School staff to place a ninth-grade student in course levels that will be both challenging and exciting. *The Placement Test is not an entrance exam.* A \$25 Placement Test Fee is required of all those without a completed Enrollment Application on file. The test is taken on campus during the month of January prior to their entrance into high school. For more information, please call the Admissions Office at 952.443.1955.

c

CLASS REGISTRATION

Incoming Freshmen

Registration evenings for incoming freshmen will occur during the month of February. **This fee will be waived for all students submitting completed applications by the Early Application Deadline of December 1.** Freshmen students submitting applications after December 1 are required to pay the \$100 Class Registration Fee.

Return and Transfer Students

A \$150 Class Registration Fee is due from all returning and transfer students. Registration materials for returning students will be mailed to families in early February. Transfer students will receive materials upon request.

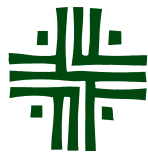
d

TUITION CONTRACT

Tuition is set by the school's Board of Directors each year. For details on current and future tuition, please visit our website (www.hfchs.org). Tuition contracts are mailed to the student's family by Holy Family Catholic High School and must be signed and returned to the school once students have registered for classes. **Contracts become binding on July 1.** *Students are officially enrolled once their signed and completed tuition contacts have been received by the school.*

For office use only:

Date Received _____ Check No. _____



Holy Family Catholic High School

8101 Kochia Lane • Victoria, MN 55386 • 952.443.1955
www.hfchs.org



Holy Family Catholic High School

Transportation Request Form

My son/daughter will need busing to and from Holy Family Catholic High School for the _____-_____ school year. I understand that busing will be available where concentrations of students can be picked up and dropped off.

Student Name(s) _____

Parent/Guardian _____

Address _____

Telephone _____

Public School District _____

Please return this form to:

Holy Family Catholic High School
8101 Kochia Lane
Victoria, MN 55386
School: (952) 443-4659 • Fax: (952) 443-1822
www.hfchs.org



Holy Family Catholic High School

Transcript Request Form

Please complete and return to Holy Family Catholic High School:

Student Name _____

School Presently Attending _____

School Address _____

Release Statement

I hereby give permission to a representative of my child's current school to release school files to Holy Family Catholic High School. These files should include all medical, psychological and academic information, as well as standardized test scores.

Parent/Guardian Signature

Name (Please Print) *Date*

Signature *Date*

Records Office:

Please send the requested materials to:

Holy Family Catholic High School
8101 Kochia Lane
Victoria, MN 55386
School: (952) 443-4659 • Fax: (952) 443-1822
www.hfchs.org