

Non-Refundable Application Fee of \$150.00
MUST accompany this application.

Date Received:

- New Student
- Parishoner
- Sibling

Holy Communion Christian Academy
New Student
Application for the 2015-16 School Year

Applicant's Full Name _____
Last First Middle

Gender ____ DOB _____ Age ____ Name Student is Called _____

Native Language _____ Religious Affiliation _____

With whom is applicant living? _____

Father's Information

Mother's Information

() Address Same as Father

Full Name _____

Home Address _____

Home Phone _____

Cell Phone _____

Employer _____

Occupation _____

Business Phone _____

E-mail Address _____

Class Preference

1. _____ 2. _____

Applicant's Present School _____

Phone Number _____ Years at Present School _____ Contact at Present School _____

Parent signature authorizing release of records from the child's previous school _____

Where did you hear about our school? _____

It is the policy of Holy Communion Christian Academy to administer its educational programs, including admission and financial aid, without regard to race, color, religion, sex, national or ethnic origin, or disability.