

Admission Application



Please return this form to:
Holy Family Academy
Office of Admission
239 Avenue A · Bayonne, NJ · 07002
(201) 339-7341 (office) · (201) 339-9295 (fax)
admissions@hfa.bayonne.net

Picture Optional
(not required)

Student Information

Date _____

Last Name	First Name	Middle Name	Nickname
Home Address		Town	Zip Code
Date of Birth	Social Security Number	Home Telephone	
School	Address		
Religion	Church Membership		
Current Grade	Planned Grade of Entrance		

Family Information

Father: _____ **Mr.** _____ **Dr.**

Name _____
First Name Last Name

Address (if different) _____

Home Telephone (_____) _____ Occupation/Title _____

Name and Address of Employer _____

Bus. Tel. (_____) _____ Cell Phone (_____) _____ Email Address _____

Mother: _____ **Mrs.** _____ **Ms.** _____ **Dr.**

Name _____
First Name Last Name

Address (if different) _____

Home Telephone (_____) _____ Occupation/Title _____

Name and Address of Employer _____

Bus. Tel. (_____) _____ Cell Phone (_____) _____ Email Address _____

Marital Status ___Married ___Separated ___Divorced ___Remarried (M/F) ___Deceased (M/F)

Siblings

Name _____ School _____ Age _____

Name _____ School _____ Age _____

General Information

Has the applicant ever been evaluated/tested by a school psychologist or by an independent educational consultant?

___ Yes ___ No

If yes, please describe the nature of the testing and include a copy of the test reports.

Please describe any disciplinary situations involving multiple detentions, suspensions, probations and/or expulsions with regard to the applicant at her current or previous schools.

Admission Materials should be sent to: ___ Mother ___ Father ___ Both ___ Other

Name	Relationship to Student		
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Address	Town	State	Zip Code
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Student Resides with: ___ Mother ___ Father ___ Both ___ Other

Name	Relationship to Student		
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Address	Town	State	Zip Code
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Please list any family members that have graduated from Holy Family Academy.

Name	Class of
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NOTE: Please contact Mrs. Denise Lew at (201) 339-7341 to apply for **financial aid**.

I/We agree to abide by all the rules and regulations of Holy Family Academy. It is my/our belief that all the information which will assist in the successful development of this application has been included. I/We understand that any information submitted that is false may jeopardize the applicant's admission to Holy Family Academy.

Signature of Student	Signature of Parent/Guardian
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