



# HOLY ANGELS SCHOOL

**360 Campus Drive - Arcadia - California - 91007 - (626) 447-6312 Telephone - (626) 447-2843 FAX**

## TESTING APPLICATION FOR GRADES 1- 8 2010–2011 School Year

Dear Parent,

Please fill out the following application form completely and return to Holy Angels School no later than January 8<sup>th</sup>, 2010. There is a **non-refundable application fee of \$75** to be submitted with this application form. Thank you for considering Holy Angels School for your child's education. We look forward to meeting you.

LAST NAME \_\_\_\_\_

GRADE (Sept. 2010) \_\_\_\_\_

Registered in Holy Angels Parish Yes \_\_\_ No \_\_\_

Date registered \_\_\_\_\_

Sunday Envelope Number \_\_\_\_\_

### STUDENT INFORMATION

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Birthplace/Date \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

School Previously Attended \_\_\_\_\_ Street \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

### SACRAMENTAL INFORMATION

Baptism Date \_\_\_\_\_ Church & Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ Verification \_\_\_\_\_

1<sup>st</sup> Penance Date \_\_\_\_\_ Church & Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ Verification \_\_\_\_\_

1<sup>st</sup> Communion Date \_\_\_\_\_ Church & Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ Verification \_\_\_\_\_

Confirmation Date \_\_\_\_\_ Church & Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ Verification \_\_\_\_\_

### FAMILY INFORMATION

Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Religion \_\_\_\_\_ Occupation/Work Phone # \_\_\_\_\_ Marital Status (S/M/D) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ First Name \_\_\_\_\_ Religion \_\_\_\_\_ Occupation/Work Phone # \_\_\_\_\_ Marital Status (S/M/D) \_\_\_\_\_

Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Religion \_\_\_\_\_ Occupation/Work Phone # \_\_\_\_\_ Marital Status (S/M/D) \_\_\_\_\_

Email Address: \_\_\_\_\_



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# 1<sup>st</sup>-8<sup>th</sup> Grades Application Information For the School Year Beginning September, 2010

### REGISTRATION

Completed applications with all the necessary documents must be returned to the school office as soon as possible but no later than: **January 8, 2010**

**NO** application will be processed until **ALL** the documents are presented. The registration fee is non-refundable.

### OPEN HOUSE

Holy Angels School invites you to visit our campus on Sunday, January 31<sup>st</sup> from 10:30 a.m. until 1:00 p.m. Classrooms will be open and samples of textbooks and workbooks will be available. There will be student guided tours of the school.

### TESTING

Entrance examinations for **Grades 1-8** will be held on **Saturday, January 23<sup>rd</sup> at 9:00 a.m.**, unless you're otherwise notified. Every student applying must take the entrance examination. Registration for testing can only be made when completed applications have been returned to the school office.

Testing will take place in assigned classrooms. Please check in at the school office to find the room in which your child will be tested. Testing will begin on time, so be sure to have your child report to the office a half-hour prior to exam time.

### FEE

\$75.00 Per Student Application (non-refundable)

### DOCUMENTS NEEDED:

#### GRADE 1

*Copy of Birth Certificate* If you do not have this document and your child was born in Los Angeles County, contact the County Registrar of Records at (562) 462-2137

*Copy of Baptismal Certificate* Contact Church of Baptism if you do not have original document. Allow 2 weeks.

*Academic / Character Reference* To be completed by your child's current teacher

#### GRADES 2-8

*Copy of Birth Certificate* (same as above)

*Copy of Baptismal Certificate* (same as above)

*Copy of First Communion Certificate* (grades 3-8)

*Academic / Character Reference* (to be completed and returned to Holy Angels School by your child's current teacher)

*Copy of Latest Report Card*

*Copy of Latest Standardized Testing Results*

### INFORMATION

**Health Records:** In the event that your child is accepted at Holy Angels School, complete health records and proof of a Mantoux Tuberculin Test by a physician will be required.



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Thank you for your interest in Holy Angels School. Holy Angels School is fully accredited by the Western Association of Schools and Colleges. Total enrollment is approximately 300 students with an average class size of 30 students in grades 1<sup>st</sup> – 8<sup>th</sup>, 25 in Kindergarten and 22 in our Pre-Kindergarten class.

### SCHOOL PHILOSOPHY

Holy Angels School is a vital ministry of Holy Angels Parish. We are committed to educating children in mind, body and soul. We provide a safe and nurturing environment that challenges our students to live Christ's Gospel message and to discover and develop their God-given talents. Holy Angels School acknowledges its critical role in assisting parents in the important task of educating their children. We view our partnership with them as one of mutual accountability in providing a quality Catholic education. We provide an excellent educational program designed to develop confident learners who demonstrate proficiency across the curriculum. Our school's academic and co-curricular programs emphasize social responsibility, the importance of physical and mental health, and a profound respect for the dignity of life and for the world in which we live.

### MOST FREQUENTLY ASKED QUESTIONS

**The School Day** - The school day for all students in Grades K-8 begins at 8:00 a.m. and ends at 3:00 p.m. PK begins at 8:00 a.m. and ends at 11:45 a.m.

**Daycare** - Before and after school care is offered from 7:00 a.m. to 6:00 p.m. each school day for students in Grades K-8. Rates are available upon request.

**Student Uniforms** - Students are required to wear uniforms. Information concerning uniform purchase will be available to you in the event that your child is accepted at Holy Angels School.

**Scrip Program** - We have a mandatory scrip fundraising obligation. Details will be delineated in the parent agreement.

**Parent Volunteer Hours** - Holy Angels parents are the co-educators of their children and are, therefore, an integral part of the school community. Since parent enthusiasm and energy are of vital support to the school, each family is requested to make a commitment to contribute 40 hours of volunteer service to the school each year. The school offers numerous ways to earn these hours.

**Tuition Rates** - At the current time, we are unable to quote you the rate of tuition for the 10-11 school year, but we have included the cost of tuition for the 09-10 school year for your reference only.

**Registration Fee per new student: \$325.00 Book Fee per student: \$200.00**

**Active Parishioners Financial Requirement: \$400.00 per year. To qualify for the active rate you must be registered and active for a minimum of one year prior to the first tuition billing July 2010.**

**Tuition Rates** (Based on monthly rate, July-April-  
12 month payment schedule available)

	<u>Active Parishioners</u>	<u>Inactive Parishioners</u>
<u>Pre-Kindergarten</u>	\$450.00	\$630.00
<u>Kindergarten</u>	\$480.00	\$630.00
<u>Grades 1-8</u>		
1 Child	\$480.00	\$630.00
2 Children	\$900.00	\$1,260.00
3 Children	\$1,330.00	\$1,890.00
4 Children	\$1,770.00	\$2,520.00



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**PARENT/GUARDIAN QUESTIONNAIRE**

Child Applicant's Name \_\_\_\_\_  
Last First Nickname

Entering Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Present Age \_\_\_\_\_

Religious Education Attendance: Yes \_\_\_\_\_ No \_\_\_\_\_

Where \_\_\_\_\_

Has your child attended Catholic school previously? \_\_\_\_\_ If so, how long attended? \_\_\_\_\_

**Previous School(s) Attended:** (If school attended was Catholic, please asterisk)

Name of School: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of School: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of School: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Mother/Guardian \_\_\_\_\_  
Last First Maiden Religion E-Mail

If name different from applicant's, what name is used? \_\_\_\_\_

Father/Guardian \_\_\_\_\_  
Last First Religion E-Mail

If divorced, who has legal custody of the applicant? \_\_\_\_\_

**Please check where applicable:**

Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_ Do you attend Mass regularly? \_\_\_\_\_

Are you a "registered parishioner" of Holy Angels Church? (i.e. receiving envelopes/contributing regularly):  
Yes \_\_\_\_\_ Envelope Number \_\_\_\_\_ How Long \_\_\_\_\_ No \_\_\_\_\_

Please indicate the parish in which you reside (not necessarily the parish where you are registered) :

\_\_\_\_\_  
Name of Parish City

Have you been active in Holy Angels Parish? \_\_\_\_\_ In what capacity? \_\_\_\_\_

**Name and grades of other children applying and / or already enrolled in Holy Angels School:**

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

If you have more than one child applying, would you be willing to send only one child if we do not have room for the others?

\_\_\_\_\_



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Does your child have special needs of which we should be aware? (i.e. health, behavioral situations, etc.) \_\_\_\_\_

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

Why do you want your child to attend Holy Angels School? \_\_\_\_\_

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

Please add any information, which might be pertinent in helping us evaluate this application. \_\_\_\_\_

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

**FATHER**

Elementary School \_\_\_\_\_  
Address & City \_\_\_\_\_

High School \_\_\_\_\_  
Address & City \_\_\_\_\_  
Years Attended \_\_\_\_\_ Did you graduate? \_\_\_\_\_

College \_\_\_\_\_  
Address & City \_\_\_\_\_  
Years Attended \_\_\_\_\_ Did you graduate? \_\_\_\_\_

**MOTHER**

Elementary School \_\_\_\_\_  
Address & City \_\_\_\_\_

High School \_\_\_\_\_  
Address & City \_\_\_\_\_  
Years Attended \_\_\_\_\_ Did you graduate? \_\_\_\_\_

College \_\_\_\_\_  
Address & City \_\_\_\_\_  
Years Attended \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Any other family background information which you would like to add: \_\_\_\_\_

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





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Please list extraordinary health problems: \_\_\_\_\_

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

Please list any disabilities, which could affect the applicant's performance: \_\_\_\_\_

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

Have you any reason to doubt the applicant's integrity? \_\_\_\_\_

If yes, please explain below:

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

Has the applicant's home environment been a positive force in his/her development? Please explain:

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

If this student were to reapply to your school, would you grant acceptance? \_\_\_\_\_



Please check two of the following, if applicable:

(please refer to the appropriate party for the following information)

- \_\_\_\_\_ Parents/Guardians meet financial obligations.
- \_\_\_\_\_ Parents/Guardians have difficulty meeting financial obligations.
- \_\_\_\_\_ Parents/Guardians fail to meet financial obligations.
- \_\_\_\_\_ Parents/Guardians support school sponsored activities.
- \_\_\_\_\_ Parents/Guardians do not support school-sponsored activities.

Form completed by:

Name (please print)	Title	School Name

Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

(Where you may be reached during the day)