



**ADMISSION APPLICATION FOR GRADES 1- 8  
2011–2012 School Year**

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/Jr. Kindergarten classes.

**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. (school ends at 2:00 p.m. every Wednesday) and PK/Jr. K 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. Pre K / Jr. K dropoff is at 7:45 and extended care is available to 3:00 p.m. Daycare until 6:00 p.m. may be available for Pre K/ Jr. K if demand dictates. 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 11-12 school year; but we have included the cost of tuition for the 10-11 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 2011.)

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

	<u>Active Parishioners</u>	<u>Inactive Parishioners</u>
<u>Pre-Kindergarten/Jr. 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



**ADMISSION APPLICATION FOR GRADES 1- 8  
2011–2012 School Year**

**APPLICATION**

Completed applications with all the necessary documents must be returned to the school office as soon as possible but no later than: **January 7, 2011**

**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 23<sup>rd</sup> from 10:00 a.m. until 12:00 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 29<sup>th</sup> at 9:00 a.m.**, unless you're otherwise notified. Every student applying must take the entrance assessment. 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.

**APPLICATION FEE**            \$75.00 Per Student (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.
- Confidential Teacher Recommendation Form** to be completed by your child's current teacher

**Grade 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.



**ADMISSION APPLICATION FOR GRADES 1- 8  
2011-2012 School Year**

Dear Parent,  
Please fill out the following application form completely and return to Holy Angels School no later than January 7, 2011. 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.

FAMILY/PARENT'S LAST NAME \_\_\_\_\_ GRADE (Sept. 2011) \_\_\_\_\_

Registered in Holy Angels Parish:  YES  NO Date registered \_\_\_\_\_ Sunday Envelope Number \_\_\_\_\_

**STUDENT INFORMATION**

STUDENT'S LAST NAME		FIRST NAME		MIDDLE NAME	
NICKNAME		BIRTHPLACE		DATE OF BIRTH	AGE
				SEX <input type="checkbox"/> M <input type="checkbox"/> F	
HOME STREET ADDRESS		CITY	ZIP CODE	HOME PHONE NUMBER	
RELIGIOUS EDUCATION ATTENDANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LOCATION			
PREVIOUSLY ATTENDED CATHOLIC SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, HOW LONG ATTENDED	SCHOOL PREVIOUSLY ATTENDED			
SCHOOL ADDRESS		CITY	STATE	ZIP	

**FAMILY INFORMATION**

FATHER'S LAST NAME		FIRST NAME		RELIGION	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D
OCCUPATION		WORK PHONE #	CELL PHONE #	EMAIL ADDRESS	
MOTHER'S MAIDEN NAME / LAST NAME		FIRST NAME		RELIGION	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D
OCCUPATION		WORK PHONE #	CELL PHONE #	EMAIL ADDRESS	
IF DIVORCED, WHO HAS LEGAL CUSTODY OF THE APPLICANT?					

GUARDIAN LAST NAME		FIRST NAME		MIDDLE NAME	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D
OCCUPATION		WORK PHONE #	CELL PHONE #	EMAIL ADDRESS	

**STUDENT SACRAMENTAL INFORMATION**

BAPTISM DATE	CHURCH	CITY	STATE	VERIFICATION
1ST COMMUNION DATE	CHURCH	CITY	STATE	VERIFICATION

**PREVIOUS SCHOOL(S) ATTENDED (If school was Catholic, please asterisk.)**

NAME OF SCHOOL	FROM	TO
NAME OF SCHOOL	FROM	TO
NAME OF SCHOOL	FROM	TO

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

NAME OF PARISH	CITY
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Have you been active in Holy Angels Parish?  YES  NO

In what capacity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

NAME _____	GRADE _____	NAME _____	GRADE _____
NAME _____	GRADE _____	NAME _____	GRADE _____
NAME _____	GRADE _____	NAME _____	GRADE _____

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?

YES  NO \_\_\_\_\_

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? \_\_\_\_\_

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

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**ACADEMIC / CHARACTER REFERENCE**

TO THE PARENT: As part of the admissions process at Holy Angels School we must receive a candid assessment of the applicant. The student's application will **not** be processed without this completed form. Please fill in the following information and give this form to your student's teacher. He or she will appreciate being given plenty of time to complete this form as well as a stamped envelope in which to mail it directly to Holy Angels School. Failure to complete file by **January 7, 2011** will result in your child losing admission preference.

**NAME OF APPLICANT**

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

Candidate for Grade: \_\_\_\_\_ in September, 2011.

SCHOOL: **Holy Angels School, 360 Campus Drive, Arcadia, CA 91007**

**TO THE TEACHER:** Thank you very much for your assistance. Your remarks will be held in the strictest of confidence and will be most appreciated as we begin our review of the applicant's personal characteristics and academic credentials. Please return this form to the attention of Admissions at Holy Angels School as soon as possible, but no later than **January 7, 2011**.

**ACADEMIC ASSESSMENT**

	Excellent	Good	Average	Below Average
Motivation				
Creative qualities				
Self-discipline				
Growth potential				
Achievement				
Ability in relation to achievement				
Attendance in school				

**CHARACTER ASSESSMENT**

	Excellent	Good	Average	Below Average
Leadership				
Self-confidence				
Personality				
Sense of humor				
Concern for others				
Emotional maturity				
Personal initiative				
Reaction to setbacks				
Respectful attitude to faculty				
Ability to work with others				
General Conduct				

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 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

\_\_\_\_\_

CONTACT PHONE #

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

TELEPHONE NUMBER (WHERE YOU MAY BE REACHED DURING THE DAY)