



**ADMISSION APPLICATION FOR GRADES 1- 8
2012-2013 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 31, 2012**

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 29th 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, February 11th 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.



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Dear Parent,
Please fill out the following application form completely and return to Holy Angels School no later than January 31, 2012. 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. 2012) _____

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? _____

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



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 31, 2012** will result in your child losing admission preference.

NAME OF APPLICANT

FIRST _____ MIDDLE _____ LAST _____

Candidate for Grade: _____ in September, 2012.

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 31, 2012**.

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)