



Holy Name Parish School

Gr. 1-6 Application Form

To enter grade: _____

Student's Last Name _____ First _____ Middle _____ Male _____ Female _____

Date of Birth _____ Place of Birth _____ Ethnicity _____
(Month, Day, Year)

Child's Religion _____ Date of Baptism _____ Church of Baptism _____
(Month, Day, Year) City/State

Who does the child live with? _____ Language(s) spoken at home: _____

Parent 1: First, Middle Initial and Last Name _____ Relationship to Student _____

Street Address _____ City/Town _____ Zip _____ Home Phone # _____

Email _____ Cell Phone # _____

Place of Birth _____ Occupation _____ Work Phone # _____

Parent 2: First, Middle Initial and Last Name _____ Relationship to Student _____

Street Address _____ City/Town _____ Zip _____ Home Phone # _____

Email _____ Cell Phone # _____

Place of Birth _____ Occupation _____ Work Phone # _____

Referred by

Child's Name and Grade

Confidential Information:

Check where appropriate: Parents Together _____ Parents Separated _____ Parents Divorced _____

Father Remarried _____ Mother Remarried _____ Father Deceased _____ Mother Deceased _____

Is custody shared by both parents? _____ If not, who has full custody of the child? _____

(Please provide a copy of the legal notarized custody agreement)

Does your child have a condition which requires an IHP? (Individual Health Plan) _____ Yes _____ No If you answered yes to any question,
Does your child have an IEP? (Individual Education Plan) _____ Yes _____ No please explain: _____
Has your child been tested for learning problems (private evaluation?) _____ Yes _____ No _____
Speech therapy? _____ Yes _____ No Occupational therapy? _____ Yes _____ No _____
Does your child have any allergies? _____ Yes _____ No _____

Names of siblings attending Holy Name Parish School _____

Previous school experience: Other Nursery program _____ Day care _____

Name of school(s) _____ Student's age while attending _____

Has either parent ever attended Holy Name Parish School? _____ Father _____ Mother Years Attended _____

Was either parent a Holy Name Parish School graduate? _____ Father _____ Mother Year Graduated _____

In Parish _____ Name on envelope _____ Envelope # _____ Out of Parish _____ Name of Parish _____

Emergency contact _____ Phone _____ Email _____

Once completed, please print single sided and return forms by mail or in person with a \$100 non-refundable application fee. Please remember to include your student's birth certificate and baptismal certificate.

Office Use Only: \$100.00 Non-refundable application fee _____ Birth certificate copy _____

Baptismal certificate copy _____ Health records _____ Mother's CORI form _____ Father's CORI form _____

IEP/504 or IHP _____ Envelope # _____ Copy of legal notarized custody agreement _____

CITY OF BOSTON PUBLIC HEALTH COMMISSION

SCHOOL HEALTH PROGRAM

HEALTH HISTORY FOR NEW ENTERERS

Dear Parent, There may be times when it will be necessary to share some of this information with the principal, your child's teacher or the school faculty/staff. Please see Page 4 for the physical examination and immunizations requirements. If you have any questions regarding this form, do not hesitate to contact me.

Deborah McManus, RN, MSN; Holy Name Parish School Nurse

Child's First, Middle and Last
Name

DOB

Address, City, State and Zip
Code

Legal Guardian

Both Parents

Mother

Father

Other

Guardian Name(s)

Home Telephone

Cell Number

Doctor's Name,
Health Center
and Telephone

Health Insurance and
Insurance Number

Does child have any special needs that the school should be aware of?
For example, is it necessary to limit activity? If yes, explain below:

Yes

No

Is child taking any medication on a daily basis?
If yes, specify below:

Yes

No

Has child had Varicella
(chicken pox)?

Yes

No

Date

If yes to Varicella, a physician certified reliable history must be on file by September at Holy Name Parish School.

Has child had any of the following conditions or illnesses?

	Yes	No
Accidents		
Allergy		
Anemia		
Behavior problems		
Birth Defect		
Bowel problems		
Diabetes		
Emotional problems		
Fevers		
G6PD		
Headaches		
Heart problems		
Kidney problems		
Lead poisoning		
Learning problems		
Menstrual problems		
Poisoning		
Rheumatic fever		
Seizures		
Sickle Cell		
Skin problems		
Tuberculosis		
Urinary problems		
Weight problems		

HOLY NAME PARISH SCHOOL

IMMEDIATE RESPONSE INFORMATION SYSTEM (IRIS)

Sometimes schools need to get information to parents/guardians as soon as possible. To facilitate this, the Boston Archdiocese has partnered with Immediate Response Information System or IRIS, a rapid communication system.

IRIS will deliver emergency messages to parents/guardians by the communications method(s) of a family's choosing. For example, should HNPS need to close early due to weather, you will be notified by IRIS. In addition, HNPS will use IRIS to keep you informed of emergency situations, such as a fire, evacuation to the Lower Church, etc.

All student families are entered into IRIS. A test message will be sent to check the numbers and emails. You will be able to change your preferences on the way IRIS contacts you.

Student Name	Grade
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Priority 1	Choose One	Father	Mother	Guardian
Name				
Phone				home office cell
Email				home office

Priority 2	Choose One	Father	Mother	Guardian
Name				
Phone				home office cell
Email				home office

Priority 3	Choose One	Father	Mother	Guardian
Name				
Home Phone				Home Email

HOLY NAME PARISH SCHOOL TUITION PLAN

In-parish consideration will be monitored and the Pastor makes the final decision on status. The validation of Mass attendance is through offertory envelope use. Although not the most comprehensive way to monitor Mass attendance, it is the best way at the moment. Exceptions to this policy due to illness, vacations, etc., will be acknowledged.

All families are required to complete appropriate hours during the school year. If hours are not complete by June 15, \$200 for a two-parent family and \$100 for a single-parent will be assessed to your family volunteer fund obligation.

Father Mother Guardian Name (Parents include both names)

Child's Name (include last name if different than parent) Grade

Child's Name (include last name if different than parent) Grade

Address City State Zip

Email Home Work

Preferred Phone Secondary Phone

Are you a registered parishioner? Yes No

Do you use offertory envelopes? Yes No Number

Do you use Parish Pay? Yes No

There are only the following TWO payment plans available.

Plan A Pay in full by June 30. If full tuition is paid by June 30, a \$100 family discount will be applied (per family, NOT per child).

Plan B **FACTS Management Plan (10-month tuition budget plan July through April)**
Automatic deduction from checking/savings account or a credit card charge on the day of the month of family's choosing. There is a \$38 mandatory application fee each year to implement the plan. Also, a *Peace of Mind* fee of \$14 is available if you choose. There are no other associated costs. However, if funds are not available at the time of deduction, a fee of \$30 will be charged along with any of your own bank fees. The makeup payment will automatically occur on the 15 day of the following month.

To join, complete a FACTS form via the HNPS website.

Parent/Guardian Signature _____

HOLY NAME PARISH SCHOOL VOLUNTEER PROGRAM AGREEMENT

I understand and agree that participation in the Volunteer Program is a requirement that must be met by all families. The Volunteer Fund fee is in addition to tuition and does not lower individual tuitions.

I further understand and agree to the following:

Each new two-parent family entering Holy Name Parish School must pay an initial \$200 fee or each new one-parent family must pay an initial \$100 fee.

In addition to the initial fee, 40 hours of service for a two-parent family or 20 hours of service for a one-parent family must be rendered by June 1 of each year.

If the required hours of service are rendered, the payment will be carried over into the next school year.

If the required hours of service are not rendered by June 1, another fee of \$200 for a two-parent family or \$100 for a one-parent family will be assessed.

By signing below, we/I agree to the terms of the Volunteer Program.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

HOLY NAME PARISH SCHOOL PRINCIPAL EVALUATION

Dear School Principal,

The student named below is an applicant for admission at Holy Name Parish School. We would appreciate your cooperation with the following evaluation. Please do not return the completed form to the applicant. It will be kept in strict confidence. (Please print clearly).

Please mail to:

Holy Name Parish School
Admissions Office
12 Church Street
West Roxbury, MA 02132

Student Name

Grade for Admission

Present School

Telephone

Address

City

State

Zip

Principal Name

Teacher Name

How long have you known the student?

What three words would you use to describe this student?

One

Two

Three

Does student have any disciplinary problems? If yes, please explain.

Has student been recommended for any type of testing for learning problems or attention difficulties? If so, please explain.

Has testing been done?

If yes, where?

Yes

No

Is student receiving any special educational services at this time? If yes, what service is student receiving?

Are you aware of any special talents or abilities student possesses?

Answer the following questions that accurately describe the student.

	Above Average	Average	Needs Improvement
Academic skills			
Effort			
Conduct			
Attendance			
Respect for Others			
Maturity			

Rate student in relation to other students in his/her age group.

Low

Average

Above Average

Principal's Signature

RECORDS TRANSFER FOR STUDENT ENTERING HOLY NAME PARISH SCHOOL

It is imperative that Holy Name Parish School has a complete academic and health record for a student entering HNPS.

Contact your child's former school so that these records will be mailed immediately to:

Holy Name Parish School
Admissions Office
12 Church Street
West Roxbury, MA 02132

I give my permission to release all school records, including teachers' reports, all achievement and aptitude test scores, all testing results and evaluations (including Individual Education Plans), and any other pertinent information for:

Student Name Grade

Former School

School Address School City

School State and Zip School Telephone

Parent/Guardian Father Mother Guardian

Parent/Guardian Name

Address City State Zip

Home Phone Cell Phone

Parent/Guardian Signature _____