



## Admissions Worksheet

(Complete Admission Application online: [www.holyspiritacademy.org](http://www.holyspiritacademy.org). Click

'Admissions') \$100 Application Fee is non-refundable

### Student

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Preferred First Name \_\_\_\_\_ Gender (M/F) \_\_\_\_\_ Birthdate \_\_\_\_\_

Parish/Church \_\_\_\_\_ Religion \_\_\_\_\_

Current School, City, State \_\_\_\_\_ Type of School \_\_\_\_\_

### Primary Household

Address, City, State, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Primary email \_\_\_\_\_

Student Residence: Same (Y/N) \_\_\_\_\_

If not the same, list address here: \_\_\_\_\_

Marital Status of Parents: Circle one Married Separated Divorced Widowed Other

### Parent/Guardian 1

Check one: \_\_\_ There are **2 parents/guardians** in household or \_\_\_ **1 parent/guardian** in household

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Relationship to Student: Circle one

Mother Father Stepmother Stepfather Grandmother Grandfather Legal Guardian Other

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact (Y/N) \_\_\_\_\_ Financially Responsible (Y/N) \_\_\_\_\_ Receives Correspondence (Y/N) \_\_\_\_\_

Please list profession \_\_\_\_\_ Place of employment \_\_\_\_\_

Religion \_\_\_\_\_

**Parent/Guardian 2 (if only one parent/guardian no need to complete this section.)**

Check one: \_\_\_ There are **2 parents/guardians** in household **or** \_\_\_ **1 parent/guardian** in household

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Relationship to Student: Circle one

Mother    Father    Stepmother    Stepfather    Grandmother    Grandfather    Legal Guardian    Other

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact (Y/N) \_\_\_\_\_ Financially Responsible (Y/N) \_\_\_\_\_ Receives Correspondence (Y/N) \_\_\_\_\_

Please list profession \_\_\_\_\_ Place of employment \_\_\_\_\_

Religion \_\_\_\_\_

**Student**

Please list name, age, and grade of siblings.

1. \_\_\_\_\_ age \_\_\_\_\_ grade \_\_\_\_\_      2. \_\_\_\_\_ age \_\_\_\_\_ grade \_\_\_\_\_

3. \_\_\_\_\_ age \_\_\_\_\_ grade \_\_\_\_\_      4. \_\_\_\_\_ age \_\_\_\_\_ grade \_\_\_\_\_

5. \_\_\_\_\_ age \_\_\_\_\_ grade \_\_\_\_\_      6. \_\_\_\_\_ age \_\_\_\_\_ grade \_\_\_\_\_

7. \_\_\_\_\_ age \_\_\_\_\_ grade \_\_\_\_\_      8. \_\_\_\_\_ age \_\_\_\_\_ grade \_\_\_\_\_

**Parent/Guardian**

Please describe below your child's strengths and weaknesses; or attach description separately.

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

Has your child every required assistance or tutoring due to learning disability or psychological problems?

Circle One:                      Yes                      No

Please describe any physical or medical conditions/concerns.

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

Please describe your child's extracurricular interests.

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

Do you or any other member of your family speak a foreign language?    Circle One:                      Yes                      No