



We are so glad you have taken the time to get to know us. Please complete this application for admission on behalf of your child.

## **Admission Process**

### **Submit these items for admission review**

- Please complete one form for each child applying (Preschool Program Selection on page. 4).
- Include a original of child's birth certificate and baptismal certificate (if applicable).
- Report cards from previous school should be included for transfer applicants, grade 1 - 7.
- An application fee of \$200 per student (non-refundable) should accompany your application..
- Financial Aid is available, see page 2 or contact the principal.

**APPLICANT INFORMATION** Please complete one form for each child applying. Thank you.

Applying For Grade \_\_\_\_\_ Academic Year \_\_\_\_\_

Student name (last, first, middle) \_\_\_\_\_ Nickname if any \_\_\_\_\_

Male  Female \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth (city, state or country) \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Religion \_\_\_\_\_

Baptismal information (date, church, city and state) \_\_\_\_\_

Last school attended (name, city and state) \_\_\_\_\_

Race (optional)  
 American Indian or Alaskan  Asian  Black or African American  Hispanic/Latino  
 Middle Eastern  Native Hawaiian or other Pacific islander  White  Two or more races

Languages spoken at home \_\_\_\_\_

Medical or surgical conditions we should be aware of:  yes  no

If yes, please explain: \_\_\_\_\_

**FAMILY INFORMATION**

Primary Email (used during the admissions process) \_\_\_\_\_ Home Phone \_\_\_\_\_

Fathers Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Fathers Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mothers Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Mothers Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Student Lives with:  Both  Mother  Father \_\_\_\_\_ School District Number \_\_\_\_\_

If applicant does not live with both parents in one household, please describe living arrangements: \_\_\_\_\_

Please indicate to whom all school's communication should be directed: \_\_\_\_\_

Who will be financially responsible for the education of this child? \_\_\_\_\_

**Would you like us to send you information about financial aid?**  yes  no (applying for financial aid has no bearing on admissions decisions)

## SIBLING INFORMATION

1. Sibling's Full Name _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Birth Date _____	Grade _____	Current School _____	
2. Sibling's Full Name _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Birth Date _____	Grade _____	Current School _____	
3. Sibling's Full Name _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Birth Date _____	Grade _____	Current School _____	

## SCHOOL INFORMATION

Student's Current School/Preschool _____		Current Grade _____
Dates attended _____		School's Phone _____
School's address _____		School's Phone _____
How did you hear about Saint Hilary School? _____		

## PARISHIONER STATUS

Are you a St. Hilary Parishioner?     yes     no

Do you qualify for parishioner tuition rate?

Attend Mass regularly     Participate in parish activities

## SUBMISSION

Non-refundable \$200 application fee per family is enclosed                       A copy of the most recent report card is enclosed (for grades 1-7 only)

Parent/Guardian signature _____	Date _____
Parent/Guardian signature _____	Date _____

*Saint Hilary School does not discriminate on the basis of sex, race, color, or national origin in the administration of admissions and educational policies, financial aid, or other school-related activities. Demographic information (e.g. race) is requested for Archdiocesan reporting purposes. It is not used in the admission decision.*

**Turn page for Preschool Program Selection >**

## EARLY CHILDHOOD PROGRAM SELECTION

Please indicate your preference in classes. We offer a variety of options and do our best to honor your requests upon admission.

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### Preschool (3-5 years old) Program

Child must be 3 years old by September 1 at the beginning of the school year. Please specify your first and second choice for the morning or afternoon program. If second choice for morning or afternoon preschool is not specified and your first choice is not available, your child will not be placed in the preschool program.

\_\_\_\_\_ Full Day Class (7:45 a.m. - 3:00 p.m.)  
(Monday through Friday)

\_\_\_\_\_ Morning Half Day Class (7:45 a.m. - 11:15 a.m.)  
(Monday through Friday)

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For office use only

Date received \_\_\_\_\_ Check # \_\_\_\_\_

Check Amount \_\_\_\_\_ Parishioner Status \_\_\_\_\_

