



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.

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)

For office use only

Date received _____ Check # _____

Check Amount _____ Parishioner Status _____

