

STUDENT'S FULL NAME: _____ **Today's Date:** _____

Parent Information:

Father's Name _____

Home Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone: _____ **Business Phone:** _____

Cell Phone: _____ **E-mail** _____

Father's Employer: _____

Occupation/Title: _____

Mother's Name _____

Home Address _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Business Phone:** _____

Cell Phone: _____ **E-mail** _____

Mother's Employer: _____

Occupation/Title: _____

If you are a legal guardian, but not the child's parent, please supply documentation of guardianship and note your relationship to child above.

Student Information:

Date of Birth _____ **Grade Entering** _____ **Gender** _____

Ethnicity (circle one): **Non-Hispanic/Latino** **Hispanic/Latino**

Race (circle one): **American Indian/Alaska Native** **Asian**
 Hawaiian/Pacific Islander **White**
 Black/African American **Multiracial**

Child resides with (Circle one): **Both Parents** **Mother** **Father**
 Legal Guardian **Other** _____

Are parents divorced? **YES** **NO** Are parents separated? **YES** **NO**

***If student does not live with both parents, the school needs documentation of custody arrangement for student file.**

Family Pick-up Secret Word _____

Family Directory Consent:

Please INCLUDE my family in the HRA Family Directory: **YES** **NO**

Please EXCLUDE the following information from the HRA Family Directory (circle all that apply):

Home Phone **Cell Phone** **Mailing Address** **Email Address**

Religion/Denomination _____ **If Catholic, Parish:** _____

Has your child received the sacrament of Baptism? **YES** **NO**

If **YES**, please note the parish and date: _____

Has your child received the sacrament of First Communion? **YES** **NO**

If **YES**, please note the parish and date: _____

Child's place of birth: _____

Holy Rosary Academy requires that students turn in their cell phones to their classroom teacher in the elementary school or the designated teacher in the upper school. They may retrieve their phone at the end of the school day.* For safety reasons, please provide your child's cell phone number below:

Student Cell Phone # _____ **Carrier** _____

Student Email Address _____

***Students are ALWAYS able to use the office phone in case of an emergency.**

Enrollment Status: **Full-Time** **Part-Time**

*Part-time enrollment is only available for students entering grades 7-12.

If Part-time, please list desired classes:

What school(s) has your child previously attended: _____

Why do you wish to transfer your child to Holy Rosary Academy: _____

Has your child ever received IEP testing for:

ADD ADHD Dyslexia Speech Impediment Social Anxiety

Autism/Asperger's Gifted/Advanced Other: _____

Please explain the specific needs of your child:

Physical: _____

Behavioral: _____

Developmental: _____

Social: _____

***Your candor helps us to meet your child's needs, if we are able.**

PARENT/GUARDIAN SIGNATURE

I hereby apply for a place in Holy Rosary Academy for the child listed above. I understand that the obligation to pay fees for the full year is unconditional and that no portion of such fees paid or outstanding will be refunded or canceled in the event of absence, withdrawal, dismissal from school of the above-named student, or any other reason within my control.

Signature of Father (or Guardian)

Date

Signature of Mother (or Guardian)

Date

Please submit your completed application with following attachments:

Student records from your child's previous school (for grades 3-12)

Assessment date (scheduled with front office)

Nonrefundable Assessment Fee (\$50.00)

HOLY ROSARY ACADEMY

1010 W. Fireweed Lane Anchorage, AK. 99503
(907) 276-5822 Fax (907) 258-1055

REGISTRAR

Previous School Attended: _____

School Address: _____

City, State, Zip: _____

School phone: _____ School fax: _____

Student's Name: _____ D.O.B. _____

This student has enrolled in our school. Please forward the following records:

- *Complete Transcript of School Grades
- *Educational Testing Scores
- *Psychological Testing Records
- *Health Records
- *Special Education Records
- *Attendance History
- *Disciplinary history including problems relating to drugs, alcohol, weapons, fighting and/or truancy.

Thank your for your cooperation.

Sincerely,

HRA Administration

I hereby give my permission for the release of my child's records for Holy Rosary Academy.

Parent Signature

Date