

ST. SCHOLASTICA HSC ACADEMY
 207 Whiskey RD NW
 Isanti, Minnesota 55040
 763-200-9293
www.stscholasticahsc.com

Application for Enrollment

| | |
|--------------------------------|------------------------------------|
| <u>Name of Student:</u> | <u>Date of Application:</u> |
|--------------------------------|------------------------------------|

| Family Mailing Details | | |
|---|--------|------|
| Family Last Name: | | |
| Mail to: (e.g. Mr. and Mrs. John Smith) | | |
| Address: | City: | ZIP: |
| Primary Phone: | Other: | |
| Current Parish: | | |
| Office Use Only: | | |

| Student Details | | |
|--|----------------------|-----------|
| First Name: | Current School: | |
| Middle Name: | City: | District: |
| Last Name: | Current Grade: | |
| Preferred Name: | Previous School: | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | City: | District: |
| Date of Birth: Age: | Grades Attended: | |
| Grade entering: | Religion of Student: | |
| Office Use Only: | | |

| Medical Details | |
|---|---------------|
| Doctor's Name: | Phone Number: |
| Clinic Name: | City: |
| Allergies/Medical Alert: Please specify any allergies/medical alerts relating to the student applying for enrollment (e.g. Allergies to nuts, penicillin, bee stings, etc; asthma management, etc.) | |
| | |
| Immunizations: Has the Immunization Form been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Current Medications being taken: | |
| Office Use Only: | |

| Special Needs | | | | | |
|--|---|---|--|---|---|
| Indicate whether the student applying for enrollment has any known or suspected special needs. | | | | | |
| Physical Needs <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Needs <input type="checkbox"/> Yes <input type="checkbox"/> No | Educational Needs <input type="checkbox"/> Yes <input type="checkbox"/> No | Behavioral Needs <input type="checkbox"/> Yes <input type="checkbox"/> No | Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No | Other Special Needs <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you have answered yes to any of the above, please provide full details of those needs and any assessment/ intervention/support that the student is currently receiving. (Supporting documentation must be provided.) | | | | | |
| If this enrollment application is successful it is essential that the school be advised promptly of any changes to the needs of the student. The school will regularly assess its ability to provide adequate services for these needs. | | | | | |
| Office Use Only: | | | | | |

| Contact Details | | |
|---|--|--|
| Details | Father/Guardian | Mother/Guardian |
| Title: | | |
| First Name: | | |
| Middle Name: | | |
| Last Name: | | |
| Relationship to Student: | | |
| Check Appropriate: | <input type="checkbox"/> Married <input type="checkbox"/> Single Parent <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Father Deceased <input type="checkbox"/> Mother Deceased | |
| Applicant Lives With: | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian | |
| Address – Street: (if different from student) | <input type="checkbox"/> Same as student | <input type="checkbox"/> Same as student |
| Address – City/ ZIP: | | |
| Home Phone: | | |
| Work Phone: | | |
| Cell Phone: Check box if texts can be sent to # | <input type="checkbox"/> Texts ok | <input type="checkbox"/> Texts ok |
| Email Address: | | |
| Employer: | | |
| Occupation: | | |
| Religion: | | |
| Office Use Only: | | |

| Contact Details | | |
|----------------------|---|--|
| Details | Non-Residential Parent (if applicable) | Emergency Contact |
| | Please only complete if there is a parent who does not reside at the Student's Home Address | Please name a person other than a parent who may be contacted in the event of an emergency, if parents cannot be contacted. |
| Title: | | |
| First Name: | | |
| Middle Name: | | |
| Last Name: | | |
| Relationship: | | |
| Address – Street: | | |
| Address – City/ ZIP: | | |
| Home Phone: | | |
| Work Phone: | | |
| Cell Phone: | | |
| Email Address: | | N/A |
| Employer: | | |
| Occupation: | | |
| Religion: | | |
| Office Use Only: | | |

| Parish/Sacramental Details | | | |
|----------------------------|---------------|-----------------|------------------------------|
| Sacrament | Date Received | Parish Received | Copy of Certificate Supplied |
| Baptism | | | N/A |
| Reconciliation | | | |
| Holy Communion | | | |
| Confirmation | | | |
| Office Use Only: | | | |

| Children in Family | | | | |
|---------------------------|--------------------------|-----------------------|------------|-------------------------|
| | Full Student Name | Year in School | Age | School Attending |
| Child: | | | | |
| Child: | | | | |
| Child: | | | | |
| Child: | | | | |
| Child: | | | | |
| Office Use Only: | | | | |

| Relatives Currently or Formerly Attending St. Scholastica HSC Academy | | | |
|--|---------------------|-------------|--|
| Full Name | Relationship | Year | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Office Use Only: | | | |

Agreement

Please check the following boxes and sign below

1. I/We have read and agree to the conditions outlined in the following points.
2. I/We have included copies of the following documents with this application for enrollment (please check appropriate boxes).
 - Birth Certificate
 - Baptismal Certificate
 - Most recent previous school reports and tests (where applicable)
 - Relevant Family Court Orders (where applicable)
 - Relevant medical and /or special needs information including clinical/educational assessments (where applicable)
 - Immunization Records
3. I/We understand that if this application is successful the information that I/we have provided must be kept up to date through the period of enrollment.
4. If this enrollment is accepted I/we agree to support our child's participation in the religious life of the school.
5. I/We will support, in spirit and in action, the philosophy, policies, and expectations of St. Scholastica HSC Academy as set forth or implied in the school handbook and/or announced by the administration during the school year.
6. If the enrollment application is accepted I/we agree to honor the financial commitments required by the school as per the Tuition Agreement as well as other fees and charges while at St. Scholastica HSC Academy.
7. I/we authorize St. Scholastica HSC Academy to use discretion and seek medical attention if I cannot be found. My child will be transported by ambulance at the school's discretion. My permission continues until I revoke it by notifying the school authorities in writing.
8. I/we are not aware of any outstanding fees or charges, in relation to the student applying to enroll, that I/we are responsible for another school.
9. I/we understand that an application fee of \$100 per family is to accompany Application for Admission and that it is not refundable.
10. I/we understand that a testing fee of \$25 per student will be charged upon acceptance and the money will not be refundable. Testing will take place prior to student being placed in a classroom.

I/we understand that if any misleading information has been provided or any omission of significant, relevant information made in this application for admission, acceptance will not be granted, or if discovered after acceptance, the enrollment may be withdrawn.

Signed: _____ (Father/Guardian)

_____ (Mother/Guardian)

Date: _____

Please note:

Acceptance of this Application for Admission is subject to the approval of the school's Director of Admissions.

Submit application to:

Director of Admissions, St. Scholastica HSC Academy, 207 Whiskey RD NW, Isanti, Minnesota 55040