



Holy Family Regional School

North Campus-Grades Young 5 & K-3
1240 Inglewood Avenue
Rochester, Michigan 48307
Telephone: 248-656-1234 Fax: 248-656-3494

South Campus-Grades 4-8
2633 John R Road
Rochester Hills, Michigan 48307
Telephone: 248-299-3798 Fax: 248-299-3843

www.holyfam.org

Accredited by the Michigan Association of Non-public Schools

APPLICATION PROCESS

Thank you for your interest in Holy Family Regional School.

In order to begin the application process, a parent or guardian of the prospective student must complete this application form and return it to the school office with a non-refundable \$25 application fee per student. Please make checks payable to Holy Family Regional School.

Parents/Guardians are responsible for submitting all health records (including immunizations), birth and baptismal certificates, and educational evaluations (preschool evaluation, standardized testing, IEP's, and previous report cards) before the application will be considered.

ADMISSION INFORMATION

Young 5, Kindergarten (please indicate full or half day) through Grade Eight

Applying for admission into grade: _____

Name of Student: _____ D.O.B.: _____

Address: _____
Street City State Zip

Home Phone: (_____) _____

Parish and city where student was baptized: _____

FAMILY INFORMATION

(Please print)

Father's Full Name: _____

Mother's Full Name: _____

Occupation: _____

Occupation: _____

Email Address: _____

Email Address: _____

Cell Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Work Phone Number: _____

Catholic or Non-Catholic: _____

Catholic or Non-Catholic: _____

Language spoken in home: _____

Student lives with: _____

Registered at the following parish: _____
(Specify parish name even if it is not one of our five supporting parishes)



Holy Family Regional School

STUDENT INFORMATION

Please complete a student information form for each child applying for admissions.

_____ is now in _____ grade at _____
Name of Student School Name City State

Has your child ever repeated any grade? ___ Yes ___ No ___ N/A If yes, which grade? _____

Did your child attend preschool/daycare? ___ Yes ___ No If yes, where? _____

Has your child had any behavioral, psychological, or educational evaluations? ___ Yes ___ No

If yes, when and by whom? _____

(We may request a copy of the report from you.)

Please indicate any supportive services your child is currently receiving or has received in the past.

- | | |
|--|--|
| <input type="checkbox"/> Remedial Reading | <input type="checkbox"/> Learning Disabilities/Resource Room |
| <input type="checkbox"/> Remedial Math | <input type="checkbox"/> Speech/Language Arts |
| <input type="checkbox"/> Gifted/Talented Program | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Other: _____ |

What important qualities are you looking for in a school for your student and family?

Holy Family Regional School respects the student's right to an education in a Catholic school. As required by law, it does not discriminate on the basis of race, nationality, or ethnic origin in the administration of its educational policies, admission policy, athletic, or other school administered programs.

Students with disabilities will be individually evaluated based upon their needs and the school's ability to accommodate those needs. The final decision to admit a student will be made by the principal.

Children must be five years of age by December 1 in order to enter the Young 5 or Kindergarten programs.

All students are accepted with probationary status for the first quarter of attendance at Holy Family Regional School. During this time, the student must display an interest in academics and abide by school rules and Code of Conduct. The principal, assistant principals, and teacher(s) will evaluate the progress of the student after his/her first quarter.

I understand that this application for enrollment is subject to the conditions stated on this application.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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Please complete this application form and return it
with a non-refundable \$25 application fee per student;
make checks payable to Holy Family Regional School.

Completed applications should be hand delivered to either school office
or mailed directly to the Admissions Office.
If you have any additional questions or concerns,
feel free to contact either school office.

Mail to:

Holy Family Regional School
Attn: Admissions
2633 John R Road
Rochester Hills, Michigan 48307