



HOLY NAME HIGH SCHOOL

A CHESTERTON ACADEMY

Application for Admission | Student & Family

Student Name: _____ Gr. 2021-22: _____ Birth Date: _____ M/F: _____

Student Name: _____ Gr. 2021-22: _____ Birth Date: _____ M/F: _____

Home Address: _____

City, St., Zip: _____

Religious Affiliation: _____ Parish / Church: _____

Priest's Signature verifying regular Mass attendance: _____

Sacraments Received: Baptism Reconciliation 1st Communion Confirmation

Bus Student: Yes / No Online Student: Yes / No Current School: _____

Band or orchestra: Yes / No Instrument: _____

Please list extracurricular activities you might be interested in joining or starting at HNHS:

Yes, I'm interested in: Billeting/ Host Family Carpooling

PARENT INFORMATION:

FATHER

MOTHER

Parent Name _____

Address: _____

City, St., Zip _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

VIRTUS Trained: Yes / No

If yes, when &/or where: _____

Student resides with _____ (both parents, mom, dad, grandparent, etc.)

Can photo of student be published in publications, Facebook, and/or website? Yes / No

Do parents have a hobby/talent/interest to share with the school? _____

VIRTUS Trained: Yes / No

If yes, when &/or where: _____



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SIBLING INFORMATION: Please list other minor children in the household.

Name	Birthdate	Current School	Current Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOR EMERGENCIES

In case of an accident or serious illness, the school will first contact a parent. Please provide information for a person other than a parent to be notified in an emergency situation when a parent cannot be reached or someone student can be released to.

Contact Name: _____ Contact Phone: _____

Relationship to student: _____ Cell Phone: _____

Contact Name: _____ Contact Phone: _____

Relationship to student: _____ Cell Phone: _____

PREFERRED PHYSICIAN for EMERGENCY TREATMENT

Physician Name: _____ Physician Phone: _____

Physician Address: _____ Hospital: _____

STUDENT HEALTH INFORMATION

Does the student have allergies or special health concerns? Yes / No

If yes, please explain: _____

Does the student take any medication regularly? Yes / No

If yes, please specify & contact the office if medicine is needed to be given at school.

Does the student receive or need any special services? Yes / No

If yes, please check & explain _____

_____ 504 Plan _____ Service Plan _____ IEP