



HOLY NAME HIGH SCHOOL

A CHESTERTON ACADEMY

Application for Admission | Student & Family

Student Name: _____ Gr. 2022-23: _____ Birth Date: _____ M/F: _____

Student Name: _____ Gr. 2022-23: _____ 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: _____

Public School district your student resides: _____ County: _____

OFFICE USE: Escanaba (21010); Gladstone (21025); RR (21060); BR (21090); Mid Pen (21135); Gwinn (52040); Delta (21); Memominee (55); Marquette (52)

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

Family ethnicity, optional (check all that apply): Caucasian (000010) American Indian or Alaska Native (100000) Asian (010000) African American or Black (001000) Hispanic or Latino (000001) Native Hawaiian or other Pacific Islander (000100) Multi Racial (not Hispanic or Latino) indicate above which ethnicity with 1, 2, 3

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: _____

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? _____



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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: _____

A doctor signed Eating and Feeding Evaluation will need to be on file with school.

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