



Holy Child Academy

Application for Admission
Grades Nursery - 8

Date of Application _____

Personal Information

Applicant's Name _____
Last First Middle

Age _____ Date of Birth _____ Sex Male Female

Address _____
Street City Zip

Home Phone Number _____ Family e-mail address _____
(Area Code)

Father's Name _____ Mother's Name _____

Business/Firm _____ Business/Firm _____

Occupation/Title _____ Occupation/Title _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

Student resides with:

Mother/Father Mother Father Stepparent Grandparent(s) Other _____
(please specify)

Applying for grade _____	school year _____ - _____
NURSERY ONLY (please circle):	3 4 5 half days
	3 4 5 full days
PRE-KINDERGARTEN ONLY (please check one):	____ 5 full days ____ 5 half days

School District _____ Religion: _____

Name of Present School _____

School Address _____

Current Grade _____ Years Attended _____ School Phone _____ Fax _____

Name of Former School _____

Address _____ Phone _____

Please Tell Us About Your Child

What are your child's strengths? _____

What are your child's weaknesses? _____

Does your child have a learning disability or special education, health, or physical need?

_____ Yes _____ No

If yes, a copy of the IEP (or 504) and all related evaluations must accompany this application.

Application/Testing Fee

An application/testing fee of \$75 must accompany this application. The application/testing fee is non-refundable. Please make check payable to Holy Child Academy.

Please send all records to:

Corrie Bowen
Admissions Coordinator
Holy Child Academy
25 Store Hill Road
Old Westbury, NY 11568