



HOLY SAVIOR ACADEMY

149 South Plainfield Avenue, South Plainfield, NJ 07080

908-822-5890 908-822-5891 Fax

NEW STUDENT ADMISSION APPLICATION

Please complete **ALL SECTIONS** of this form on both sides. If a field does not pertain to you please write **N/A**.

Legal Name of Child: _____ Sex: M F
Last First Middle Circle

Street Address _____ City/Town _____

State _____ Zip _____ Home Phone _____ Cell (Mother/Guardian) _____ Cell (Father/Guardian) _____

Birth Date (Month/Day/Year) _____ US Citizen: Yes No _____ Country of Birth _____ Entering Grade _____
(Circle one)

Ethnic Origin: Asian _____ Black _____ Hispanic _____ Multi-Racial _____ White _____
Native American Indian _____ Language(s) spoken at home: _____

Child lives with: Both Parents _____ Single Family Household : Mother _____ Father _____ Guardian _____

Other children in Holy Savior Academy:

Name: _____ Grade _____
_____ Grade _____
_____ Grade _____

Last School Attended _____ Address, City, State, Zip _____ Last Grade Attended _____

Religion _____ If Catholic, Name of Parish & City _____

Catholic, but not registered in any Parish: _____ (Please check)

Sacraments:

	Date Received	Church	Church Address (Street, City State)	Certificate (Please Circle)
Baptism				Yes No
First Communion				Yes No
Confirmation				Yes No

List all medical conditions of student:

PARENT/GUARDIAN INFORMATION

Parent or Guardian

M / F

Parent or Guardian

M / F

Last Name First

Last Name First

Home Address

Home Address

City/Town State Zip

City/Town State Zip

Home Phone

Home Phone

Cell Phone

Cell Phone

Business Phone

Business Phone

Email Address

Email Address

Religion Ethnic Origin

Religion Ethnic Origin

Occupation

Occupation

Employer

Employer

Employer's Address

Employer's Address

Please Check: Living Married
 Deceased Separated/Divorced
 Remarried
 Single Parent

Please Check: Living Married
 Deceased Separated/Divorced
 Remarried
 Single Parent

Why did you choose Holy Savior Academy for your child? _____

Holy Savior Academy does not discriminate on the basis of race, color, sex, national or ethnic origin.

NOTES: Filing the application/registration form should not be deemed acceptance to Holy Savior Academy. An application **will not** be considered complete until **all school fees and all required paperwork** has been submitted, **including immunization records**.

No child shall be admitted to school without proper proof that the child has been immunized as required by the laws of the State of New Jersey, N.J.S.A.26:1A-9. Proper immunization is a condition of admission to the school.

Parent or Guardian Signature: _____ Date: _____