



# 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 \_\_\_\_\_ 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**

Father or Guardian

Mother or Guardian

\_\_\_\_\_  
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 paper work 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: \_\_\_\_\_