



**ADMISSION APPLICATION FOR GRADES 1- 8  
2018–2019 School Year**

**APPLICATION**

Completed applications with all the necessary documents must be returned to the school office as soon as possible but no later than: February 16th , 2018

NO application will be processed until ALL the documents are presented. The application fee is non-refundable.

**OPEN HOUSE**

Holy Angels School invites you to visit our campus on Sunday, January 28th from 10:00 a.m. until 12:00 p.m. Classrooms will be open and samples of textbooks and workbooks will be available. There will be student guided tours of the school.

**TESTING**

Entrance examinations for Grades 1-8 will be held on Saturday, March 3<sup>rd</sup> at 9:00 a.m., unless you're otherwise notified. Every student applying must take the entrance assessment. Registration for testing can only be made when completed applications have been returned to the school office.

You will receive a letter confirming testing date and time by mail. If you do not receive the letter by February, 27<sup>th</sup>, 2018 please call the school office.

**APPLICATION FEE**            \$75.00 Per Student (non-refundable)

**DOCUMENTS NEEDED**

**Grade 1**

- Copy of Birth Certificate If you do not have this document and your child was born in Los Angeles County, contact the County Registrar of Records at (562) 462-2137
- Copy of Baptismal Certificate. Contact Church of Baptism if you do not have original document. Allow 2 weeks.
- Confidential Teacher Recommendation Form to be completed by your child's current teacher

**Grade 2-8**

- Copy of Birth Certificate (same as above) Copy of
- Baptismal Certificate (same as above) Copy of
- First Communion Certificate (grades 3-8)
- Academic / Character Reference (to be completed and returned to Holy Angels School by your child's current teacher)
- Copy of Latest Report Card
- Copy of Latest Standardized Testing Results

***NO APPLICATION WILL BE CONSIDERED WITHOUT ALL OF THE NECESSARY DOCUMENTS***



**ADMISSION APPLICATION FOR GRADES 1- 8  
2018–2019 School Year**

Dear Parent,

Please fill out the following application form completely and return to Holy Angels School no later than Friday, February 16<sup>th</sup>, 2018. There is a Non-refundable application fee of \$75 to be submitted with this application form. Thank you for considering Holy Angels School for your child's education. We look forward to meeting you.

FAMILY/PARENT'S LAST NAME \_\_\_\_\_ APPLYING FOR GRADE (Sept. 2018) \_\_\_\_\_

Registered in Holy Angels Parish:  YES  NO Date registered \_\_\_\_\_ Sunday Envelope Number \_\_\_\_\_

**STUDENT INFORMATION**

STUDENT'S LAST NAME		FIRST NAME		MIDDLE NAME	
NICKNAME		BIRTHPLACE		DATE OF BIRTH	AGE
<input type="checkbox"/> <input type="checkbox"/>					SEX <input type="checkbox"/> M <input type="checkbox"/> F
HOME STREET ADDRESS		CITY	ZIP CODE	HOME PHONE NUMBER	
<input type="checkbox"/> <input type="checkbox"/>					

**FAMILY INFORMATION**

FATHER'S LAST NAME	FIRST NAME		RELIGION	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D
OCCUPATION	WORK PHONE #	CELL PHONE #	EMAIL ADDRESS	
MOTHER'S MAIDEN NAME / LAST NAME	FIRST NAME		RELIGION	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D
OCCUPATION	WORK PHONE #	CELL PHONE #	EMAIL ADDRESS	
IF DIVORCED, WHO HAS LEGAL CUSTODY OF THE APPLICANT?				

GUARDIAN LAST NAME	FIRST NAME		MIDDLE NAME	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D
OCCUPATION	WORK PHONE #	CELL PHONE #	EMAIL ADDRESS	



**STUDENT SACRAMENTAL INFORMATION**

BAPTISM DATE	CHURCH	CITY	STATE	VERIFICATION
1ST COMMUNION DATE	CHURCH	CITY	STATE	VERIFICATION

**PREVIOUS SCHOOL(S) ATTENDED (If school was Catholic, please asterisk.)**

NAME OF SCHOOL	FROM	TO
NAME OF SCHOOL	FROM	TO
NAME OF SCHOOL	FROM	TO

Have you been active in Holy Angels Parish?  YES  NO

In what capacity? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name and grades of other children applying and/or already enrolled in Holy Angels School:

NAME _____	GRADE _____	NAME _____	GRADE _____
NAME _____	GRADE _____	NAME _____	GRADE _____
NAME _____	GRADE _____	NAME _____	GRADE _____

If you have more than one child applying, would you be willing to send only one child if we do not have room for the others?

YES  NO \_\_\_\_\_

Does your child have special needs of which we should be aware? (i.e. health, behavioral situations, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Why do you want your child to attend Holy Angels School? \_\_\_\_\_

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Please add any information, which might be pertinent in helping us evaluate this application: \_\_\_\_\_

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How did you hear about Holy Angels School?

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**ACADEMIC / CHARACTER REFERENCE**

TO THE PARENT: As part of the admissions process at Holy Angels School we must receive a candid assessment of the applicant. The student's application will not be processed without this completed form. Please fill in the following information and give this form to your student's teacher. He or she will appreciate being given plenty of time to complete this form as well as a stamped envelope in which to mail it directly to Holy Angels School. Failure to complete file by **February 16<sup>th</sup>, 2016** will result in your child losing admission preference.

NAME OF APPLICANT

\_\_\_\_\_  
FIRST MIDDLE LAST

Candidate for Grade: \_\_\_\_\_ in September, 2018

SCHOOL: Holy Angels School, 360 Campus Drive, Arcadia, CA 91007

TO THE TEACHER: Thank you very much for your assistance. Your remarks will be held in the strictest of confidence and will be most appreciated as we begin our review of the applicant's personal characteristics and academic credentials. Please return this form to the attention of Admissions at Holy Angels School as soon as possible, but no later than February 17th, 2017.

ACADEMIC ASSESSMENT

	Excellent	Good	Average	Below Average
Motivation				
Creative qualities				
Self-discipline				
Growth potential				
Achievement				
Ability in relation to achievement				
Attendance in school				

CHARACTER ASSESSMENT

	Excellent	Good	Average	Below Average
Leadership				
Self-confidence				
Personality				
Sense of humor				
Concern for others				
Emotional maturity				
Personal initiative				
Reaction to setbacks				
Respectful attitude to faculty				
Ability to work with others				
General Conduct				

Please list extraordinary health problems: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Please list any disabilities, which could affect the applicant's performance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you any reason to doubt the applicant's integrity? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant's home environment been a positive force in his/her development? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this student were to reapply to your school, would you grant acceptance? \_\_\_\_\_  
\_\_\_\_\_

Please check applicable: (please refer to the appropriate party for the following information)

- Parents/Guardians meet financial obligations.
- Parents/Guardians have difficulty meeting financial obligations.
- Parents/Guardians fail to meet financial obligations.
- Parents/Guardians support school sponsored activities.
- Parents/Guardians do not support school-sponsored activities.

Form Completed by:

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SCHOOL NAME

\_\_\_\_\_  
CONTACT PHONE #

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TELEPHONE NUMBER (WHERE YOU MAY BE REACHED DURING THE DAY)