



**ADMISSION APPLICATION FOR GRADES 1- 8
2020–2021 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 21st, 2020

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 26th 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, February 29th 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, 25th, 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
- Copy of Baptismal Certificate
- 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
2020–2021 School Year**

Dear Parent,
Please fill out the following application form completely and return to Holy Angels School no later than Friday, February 21st, 2020.
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/CHILD'S LAST NAME _____ APPLYING FOR GRADE (Sept. 2020) _____

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 |
| HOME STREET ADDRESS | | CITY | | ZIP CODE | HOME PHONE NUMBER |
| | | | | SEX <input type="checkbox"/> M <input type="checkbox"/> F | |

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 _____



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

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

How did you hear about Holy Angels School?



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 21st, 2020** will result in your child losing admission preference.

NAME OF APPLICANT

FIRST _____ MIDDLE _____ LAST _____

Candidate for Grade: _____ in September, 2020

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 21st, 2020.

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 | | | | |



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)