



Saint Hyacinth Academy

Student Enrollment Form

2019-2020



Please Print or Type Neatly

Entering Grade _____	New Student <input type="checkbox"/>	Returning Student <input type="checkbox"/>	M <input type="checkbox"/> / F <input type="checkbox"/>
----------------------	--------------------------------------	--	---

Family Name: _____

Student's Name: _____ Birth Date: _____
Last First MI Mo/Day/Yr.

Address: _____ Home Phone: _____
Street City Zip

School Last Attended, if not SHA: _____ Address _____
Complete for NEW Student Only Street City / State / Zip

Reason for Transfer: _____

Please check condition that applies. Student primarily lives with: Both Birth Parents / Mother Only / Father Only / Mother/Step Father / Father/Step Mother / Guardian / Other Specify: _____

Father/Step Father Name : _____ U.S. Citizen? Yes / No
Last First MI

Religion: _____ Practicing? Yes / No Cell: _____ Email: _____

Employer: _____ Work Phone: _____

Mother/Step Mother Name: _____ U.S. Citizen? Yes / No
Last First MI Maiden Name

Religion: _____ Practicing? Yes / No Cell: _____ Email: _____

Employer: _____ Work Phone: _____

Please complete below if student is Catholic

Worshipping Parish: _____ Registered: Yes / No Practicing: Yes / No
Name of Parish City / State

Baptismal Date: _____ Church: _____
Mo/Day/Yr Name of Church City / State

1st Communion: _____ Church: _____
Mo/Day/Yr Name of Church City / State

Please answer the following questions for statistical and reporting purposes only

Ethnic Background: American Indian/Native Alaskan , African American , Asian , Hispanic
 Native Hawaiian/Pacific Islander , White/Caucasian , Multi-Racial Other

Father/Step Father Occupation: Professional , Semi-Professional , Blue Collar , Laborer

Mother/Step Mother Occupation: Professional , Semi-Professional , Blue Collar , Laborer

ALL CORRESPONDENCE WILL BE SENT BY EMAIL TO: _____

How did you hear about our school? Phone Book Ad , Newspaper Ad , Internet , Personal Reference , Other

Please specify other: _____

Agreement of Terms/Contract

I am aware of the school's financial policies and I agree to comply. I understand that non-payment of tuition will result in the exclusion of my child from school and/or events. I understand that a written notice is required two weeks prior to withdrawal of my child from school and that I am financially responsible for tuition during this time regardless of attendance. I understand that tuition is ongoing and is based on the program to which my child is committed rather than upon attendance.

Parent Signature: _____ Date: _____