

# Application for Admission

(To be completed by parent or guardian  
Please type or print!)

## 1. Student Information

Applying for: \_\_\_\_\_ To begin: \_\_\_\_\_ Year: \_\_\_\_\_  
*Grade* *Fall or Spring*

Student Name: \_\_\_\_\_  
*Last, First, Middle*

Address: \_\_\_\_\_  
*Number, Street*

\_\_\_\_\_  
*City, State, Zip, County*

Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*City, State, Country* *Month, Day, Year*

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Citizenship: \_\_\_\_\_

\*Ethnic Origin: *(Check Only One)*

African American       Caucasian       Multi  
 American Indian       Hispanic       No Response  
 Asian       Pacific Islander

**\* This information is being collected to fulfill a government mandate and will not be used to determine scholarships or any other financial or educational opportunity.**

Lives with:     Both Parents       Mother Only       Father Only  
 Guardian (Specify) \_\_\_\_\_

*Note: We may require legal documentation of custody.*

## 2. Current School Information

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_  
*Number, Street*

\_\_\_\_\_  
*City, State, Zip*

School Telephone: \_\_\_\_\_ Principal: \_\_\_\_\_

## 3. Student Religious Affiliation Information

Religion (Faith): \_\_\_\_\_ Parish: \_\_\_\_\_

Baptism: \_\_\_\_\_ Date      First Communion: \_\_\_\_\_ Date      Confirmation: \_\_\_\_\_ Date

**4. Parent Information**

Mother's Full Name (Include Maiden): \_\_\_\_\_

Religion: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ If Deceased, (date) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Religion: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ If Deceased, (date) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**4. Sibling Information**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade or Age (If not in school) \_\_\_\_\_

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5. List your child's favorite activities, hobbies, and sports. Feel free to list any awards received.

6. List the activities in which your child would like to participate in at Holy Family High School.

7. Describe any health/ medical problems or learning challenges your child has.

8. List any relatives who have attended Holy Family High School. Please include their name, relationship and graduation year from HFHS.

9. Student Essay: Student is to write a brief essay in his or her own words (less than 250 words on a separate sheet of paper), stating reasons for wanting to attend Holy Family High School. Please attach the essay to this application.

10. Picture: Please submit a small recent school photo of the student who is applying for acceptance to Holy Family High School.

11. Will you be applying for tuition assistance? Circle Yes or No

*Please know that applying or not applying for tuition assistance has no influence on whether or not the student is accepted into Holy Family High School.*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

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**Please return this form and your essay to:**

Admissions Office  
Holy Family High School  
5195 W. 144<sup>th</sup> Avenue  
Broomfield, CO 80023  
Phone: 303-410-1411  
Fax: 303-645-4625