



Holy Family Academy

10697 Howell Prairie Rd. NE, Brooks, OR 97305

Mailing Address: P.O. Box 842, Mt. Angel, OR 97362 Telephone: 503-792-3630

Admission/Registration Form

A non-refundable registration/book fee of \$125.00 per student must accompany this form for students in first through eighth grade, and \$50.00 for kindergarten students.

Family Information:

Parent/Guardian _____ Relationship _____

Parent/Guardian _____ Relationship _____

Address: _____

Address: _____

Day/Home Phone: _____ Work Phone: _____

Father's Cell: _____ Mother's Cell: _____

Father's Email: _____

Mother's Email: _____

Emergency Contact: _____

Phone: _____ Relation to Student: _____

School Records:

A copy of the following records need to be submitted for each **new** student prior to the beginning of the school year.

1. Baptismal or Birth Certificate
2. Immunization Record (CIS Form)
3. Transcripts from any previous school

Student(s) Enrolling:

Name of Student

Birth Date:

Grade

M/F

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____