

\$20.00

HOBOKEN CATHOLIC ACADEMY

* Parishioner rate tuition will be offered to those families who submit "**Parishioner Verification Form**" signed by the pastor of their Roman Catholic parish in the Archdiocese of Newark and a copy of the **child's baptismal certificate** from a Roman Catholic Church. Verification form and baptism certificate should be submitted during the registration process. After registration period ends request for parishioner discount rate cannot be accepted.

Application form 2017-2018

For School Office Use Only:		S C NC	
Sibling in school: Name: _____	Grade: _____		
Parish Certification letter attached: _____	Baptismal Certificate attached: _____		#: _____
Date Received: _____	\$20.00 Application Fee: _____		Interview: _____

Please print

Date of Birth _____ Male: ___ Female: ___

Name of Student _____
First Last

Grade entering _____ Religion of Applicant _____ Home phone#: _____

Full name of mother: _____

Mother's street address: _____

City and zip code: _____ Cell#: _____

Occupation: _____ Business Phone#: _____

Name of Employer: _____

Religion of Mother _____ Email: _____

Full name of father: _____

Father's street address: _____

City and zip code: _____ Cell#: _____

Occupation: _____ Business Phone#: _____

Name of Employer: _____

Religion of Father _____ Email: _____

If parents do not reside together, with whom does the applicant reside?

____ Mother ____ Father ____ Other Legal Guardian

If "Other Legal Guardian", please provide name and address: _____

Continued on back

Guardian's relationship to Applicant: _____

Who pays child's tuition: _____

How do you plan to pay child's tuition?

_____ Annual payment _____ 4 Quarterly payments _____ 10 Monthly payments

How do you describe your child? (Response is optional):

_____ African American _____ Caucasian _____ Native American

_____ Asian American _____ Hispanic _____ Other

Previous school attended by Applicant:

Name: _____

Address: _____

Has the applicant been tested by a school psychologist or child study team, or by an independent educational consultant? _____ yes _____ no

If yes, please describe the nature of the testing: _____

Does the applicant have: _____ IEP _____ ISP _____ IIP

Why do you want your child to attend Hoboken Catholic Academy? _____

Do you plan to have your child attend HCA through Grade 8? _____ Yes _____ No

For Catholics:

Which sacraments has the applicant received?

Baptism: _____ yes _____ no Date: _____ Church: _____

City: _____ State: _____

First Penance : _____ yes _____ no Date: _____ Church: _____

City: _____ State: _____

First Communion : _____ yes _____ no Date: _____ Church: _____

City: _____ State: _____

Confirmation:

_____ yes _____ no Date: _____ Church: _____

City: _____ State: _____