

**\$50.00**

# 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 2018-2019

|   |                                       |               |                  |
|---|---------------------------------------|---------------|------------------|
| <b>For School Office Use Only:</b>          |                                       | <b>S C NC</b> |                  |
| Sibling in school: Name: _____              | Grade: _____                          |               |                  |
| Parish Certification letter attached: _____ | Baptismal Certificate attached: _____ |               | #: _____         |
| Date Received: _____                        | \$50.00 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: \_\_\_\_\_