



HOLY SAVIOR ACADEMY

149 South Plainfield Avenue, South Plainfield, NJ 07080

908-822-5890 908-822-5891 Fax

NEW STUDENT ADMISSION APPLICATION

Please complete ALL SECTIONS of this form on both sides. If a field does not pertain to you please write **N/A**.

Legal Name of Child: _____ Sex: M F
Last First Middle Circle

Street Address _____ City/Town _____
State _____ Zip _____ Home Phone _____ Cell (Mother/Guardian) _____ Cell (Father/Guardian) _____

Birth Date (Month/Day/Year) _____ US Citizen: Yes No _____ Country of Birth _____ Entering Grade _____
(Circle one)

Ethnic Origin: Asian _____ Black _____ Hispanic _____ Multi-Racial _____ White _____
Native American Indian _____ Language(s) spoken at home: _____

Child lives with: Both Parents _____ Single Family Household : Mother _____ Father _____ Guardian _____

Other children in Holy Savior Academy:

Name: _____ Grade _____
_____ Grade _____
_____ Grade _____

Last School Attended _____ Address _____ Last Grade Attended _____

Religion _____ If Catholic, Name of Parish & City _____

Catholic, but not registered in any Parish: _____ (Please check)

Sacraments:

	Date Received	Church	Church Address (Street, City State)	Certificate (Please Circle)
Baptism				Yes No
First Communion				Yes No
Confirmation				Yes No

List all medical conditions of student:

