

**Online Application**

For your convenience, online application, fee payment and required forms are available [www.hrcatholicsschool.org](http://www.hrcatholicsschool.org)

**Admissions**



**HOLY REDEEMER  
CATHOLIC SCHOOL**  
*National Blue Ribbon School of Excellence*

**Office Use Only**

Date Filed: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_

Application Fee: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

**ADMISSION APPLICATION**

**3380 Old Alabama Road Johns Creek, GA 30022**

**PHONE: (770) 410-4056 FAX: (770) 410-1454 www.hrcatholicsschool.org**

*The \$175.00 non-refundable application/screening fee must accompany this application.*

Applicant: \_\_\_\_\_  
Last First Middle Goes By

Home Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell: Mother (\_\_\_\_\_) \_\_\_\_\_ Father: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: Mother \_\_\_\_\_ Father: \_\_\_\_\_

Does this applicant have any other last name, which might appear on school records? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

Applying for grade: \_\_\_\_\_ School Year: \_\_\_\_\_ Present School: \_\_\_\_\_

Has this applicant previously applied to Holy Redeemer Catholic School? \_\_\_\_\_ If so, what grade(s)? \_\_\_\_\_

Are other siblings applying this year? \_\_\_\_\_ If so, what grade(s)? \_\_\_\_\_

Does applicant have a sibling(s) currently enrolled at Holy Redeemer Catholic School ? \_\_\_\_\_ If so, what grade(s)? \_\_\_\_\_

Please list other schools to which you are applying: \_\_\_\_\_

**CULTURAL HERITAGE OF APPLICANT:** please check all that apply

\_\_\_\_\_ Asian American \_\_\_\_\_ African American \_\_\_\_\_ Hispanic American \_\_\_\_\_ American Indian  
\_\_\_\_\_ Caucasian (Anglo) \_\_\_\_\_ Multi-Race \_\_\_\_\_ Non-American: (please specify) \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, visa status \_\_\_\_\_

**RELIGIOUS INFORMATION OF APPLICANT:**

Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Baptism: Date \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

• Please include copy of Baptismal certificate with this application.

First Communion: Date: \_\_\_\_\_ Church: \_\_\_\_\_

First Penance: Date: \_\_\_\_\_ Church: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parents are: (Check one that applies)

\_\_\_\_\_ residing together \_\_\_\_\_ divorced: \_\_\_\_\_ separated \_\_\_\_\_ deceased: \_\_\_\_\_ mother \_\_\_\_\_ father

Applicant resides with: (Check all that apply)

\_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ step-father \_\_\_\_\_ step-mother \_\_\_\_\_ guardian

Send all correspondence to:

\_\_\_\_\_ Home address of applicant \_\_\_\_\_ Father's Business Address \_\_\_\_\_ Mother's Business Address

Address official correspondence to: \_\_\_\_\_ Mr. \_\_\_\_\_ Dr. and Mrs. \_\_\_\_\_ Dr. and Ms.

\_\_\_\_\_ Mrs. \_\_\_\_\_ Dr. and Mr. \_\_\_\_\_ Rev. and Mrs.

\_\_\_\_\_ Ms. \_\_\_\_\_ Dr. and Dr. \_\_\_\_\_ Mr. and Mrs.

Last name (if different from applicant): \_\_\_\_\_

Who has legal custody of applicant: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

If this applicant is accepted, financial obligations will be assumed by:

\_\_\_\_\_ Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_ Other: specify \_\_\_\_\_

**Father or Guardian:**

**Mother or Guardian:**

\_\_\_\_\_  
Mr., Dr., Rev. Name

\_\_\_\_\_  
Mrs., Ms., Dr., Rev. Name

\_\_\_\_\_  
Home Address (if different from applicant)

\_\_\_\_\_  
Home Address (if different from applicant)

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Position/Occupation

\_\_\_\_\_  
Position/Occupation

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Business Telephone

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Business Telephone

\_\_\_\_\_  
Business e-mail

\_\_\_\_\_  
Business e-mail

Circle highest level of education completed:

Elementary High School Trade College Advanced

Circle highest level of education completed:

Elementary High School Trade College Advanced

Is parent an alumni of Holy Redeemer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is parent an alumni of Holy Redeemer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**FAMILY:**

**Siblings:**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

**IDENTIFIED SPECIAL NEEDS OF APPLICANT:**

Applicant has: (Check that which applies)

\_\_\_\_\_ Physical handicap, medical condition, special current or recurrent illness of which school should be informed. Please describe:

\_\_\_\_\_ Diagnosed learning disability: (Diagnosed by): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Attention Deficit/Hyperactivity Disorder: (Diagnosed by): \_\_\_\_\_ Date: \_\_\_\_\_  
Description: include types and dosages of medication if applicable and intervention strategies currently being implemented.

Has this applicant ever been tested or counseled by a psychologist or psychiatrist? \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

• All results of educational/psychological evaluations must be submitted with this application

Socialization or behavioral problems? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain. **Please provide any other information**, regarding the child's educational background or social development that the school should know in order to evaluate its ability to serve the child's needs.

**PARENTS' GOALS AND ASSESSMENTS:** (Please complete all sections)

In order for the admissions committee to evaluate your child and his/her needs in regard to the programs offered, please answer the following questions. *You may attach an additional page.*

Reason for wishing to enroll student at Holy Redeemer Catholic School:

**Type of Educational Program and Environment Sought for Your Child**

Realizing that there are many variables involved in the educational process, please explain the type of educational program and environment that you desire for your child. What goals or objectives would you like for the teacher to emphasize regarding your child?

**Specific Interests**

Please provide us with your perspective on your child. Describe your child's strengths and abilities, special area of interest and concerns.

**Additional Information**

Please provide any additional information regarding your family or child that would help us know and understand his/her educational or personal needs.

**STATEMENT OF ACCURACY AND AUTHENTICITY:**

**Please read and sign**

I have read and understood this application, and I further certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing to the principal any changes contained herein even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy of any information herein, or omission of information requested herein, the school reserves the right to revoke admission of this applicant.

---

Signature of Parent/Guardian

Date

---

Signature of Parent/Guardian

Date