



Holy Family High School College Preparatory

400 E. Lomita Ave. – Glendale, CA 91205 – Phone: (818) 241-3178 – Fax: (818) 241-7753

Application for Admission

General Information to be completed by parent/guardian
A non-refundable fee of \$75 is due with this application.

Please consider application for: (choose one please)

- General Admission Honors at Entrance Science/Health Career Academy

APPLICATION FOR

- Grade 9
 Grade 10
 Grade 11
 Grade 12

Applicant's Legal Name: _____
Last First Middle

Mailing Address: _____
Number & Street City State Zip Code

Legal Information: _____
Social Security # Date of Birth Place of Birth

Catholic? Yes No E-mail Address: _____

Ethnic Origin:

- Native American Filipino Other Asian/Pac Islander African American Hispanic/Latino Other White

Student lives with:

- Both Parents Mother only Father only Mother/Stepfather Father/Stepmother Other _____

Mother/Guardian Name Occupation Employer Home Phone Cell

Father/Guardian Name Occupation Employer Home Phone Cell

Educational Information

Student's Current School: _____
School Name City Current Grade

Relatives attending or graduated from Holy Family High School College Preparatory:

Name: _____ Class of _____ Mother Sister Grandmother Aunt

Name: _____ Class of _____ Mother Sister Grandmother Aunt

Parent/Guardian Signature

Date

Student Signature

Financial Aid Information

I am interested in applying for financial aid Yes No

Financial aid will be necessary in order to attend Holy Family High School College Preparatory Yes No

For office use only

Application fee: Date received ____/____/____ Amount paid _____ by check # _____ Cash

Procedure for Admission

Holy Family High School College Preparatory

Holy Family High School College Preparatory collaborates with families it serves to provide a challenging, Catholic education for young women who will change the face of history. In concert with our Mission Statement, we seek applicants who have the capacity to live out the mission, values and vision of Holy Family and who will thrive to an academically challenging environment.

Students are selected from qualified applicants on the basis of the following criteria:

- Transcripts and standardized test results.
- Scores on the HSPT Entrance Exam
- English, Math, Science Teachers and Principal recommendations
- Personal interview by a member of the Holy Family High School College Preparatory Admissions Board
- Review of the applicant's file by the Admissions Board

Admissions Process

The Admissions Board reviews individual student strengths and strives to maintain a balanced student body. Final admission decisions are based on available student space, assessment of the student's ability to complete the school's academic program, the student's commitment to HFHSCP and to live out the mission, values and vision of Holy Family.

Minimum requirements for admission to the ninth grade:

- Above average results on the entrance exam held on January 21, 2012
- Standardized test scores at or above grade level equivalency
- Satisfactory seventh and eight grade transcripts
- Positive recommendations from the seventh and eight grade teachers and principal
- Submission of complete application, including current immunization records, with a fee of \$75.
- Interview will follow the HSPT

Acceptance letters will be mailed Thursday, March 2, 2012

Merit Scholarship

All applicants interested in the Merit Scholarship must turn in an additional application to qualify for the scholarship. The Merit Scholarship form can be found at the end of the Holy Family High School College Preparatory admissions application. In order to qualify for the Merit Scholarship you must:

- Take the High School Placement Exam on January 21, 2012 at Holy Family High School College Preparatory.
- Provide grades from current elementary school.
- Score above average on the High School Placement Exam.

Non-Discrimination Policies

Holy Family High School College Preparatory, mindful of its mission, admits students of all race, color, and national and/or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at this school.

Transcript Release

Please release the transcripts for _____ (date of birth _____) for current year and the prior two years along with the standardized test scores from the following school: _____

Parent/Guardian Signature: _____ Date: _____

Return application to: Holy Family High School College Preparatory – Admissions Office, 400 E. Lomita Ave. Glendale, CA 91205

Holy Family High School College Preparatory

Where women make history!

- Catholic High School Honor Roll
- WASC/WCEA Accreditation
- 100% College Acceptance
- 15 AP Courses
- Digital Media Library Center
- Performing Arts Consortium



Attendance at school: Number of absences this year _____ Number of tardies this year _____

1. If this student is in any advanced sections or programs in your school, please explain:

2. In which areas do you feel this student is gifted: _____

3. Has the student been recognized for any outstanding academic, athletic, and/or artistic performance? _____

4. Has the student been subjected to any serious disciplinary procedures (i.e., suspension, dismissal, etc.)?
 No Yes (Explain) _____

5. Is there any additional information that you think might or should influence our decision about this student? _____

Recommendations	Strongly Recommend	Recommend	Recommend with Reservation	Do Not Recommend
ACADEMICALLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AS A PERSON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "Recommend with Reservation" or "Do Not Recommend" was marked, please provide additional information:

If the student is accepted and enrolls in our school for the following year, we will request the June report card grades as a final acceptance determinant. If you have any reason to change your recommendation after you have completed this form, please notify the Holy Family Admissions Office, 818-241-3178 ext. 226.

Thank you for the time you have taken to prepare this report.

Eighth Grade English Teacher Name (please print) _____

Eighth Grade English Teacher Signature _____ **Date** _____
(Required)

Principal Name (please print) _____

Principal Signature _____ **Date** _____
(Required)

School Name _____

School Address _____

Telephone Number (_____) _____

Attendance at school: Number of absences this year _____ Number of tardies this year _____

Recommendations	Strongly Recommend	Recommend	Recommend with Reservation	Do Not Recommend
ACADEMICALLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AS A PERSON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "Recommend with Reservation" or "Do Not Recommend" was marked, please provide additional information:

If the student is accepted and enrolls in our school for the following year, we will request the June report card grades as a final acceptance determinant. If you have any reason to change your recommendation after you have completed this form, please notify the Holy Family Admissions Office, 818-241-3178 ext. 226.

Thank you for the time you have taken to prepare this report.

Eighth Grade Math Teacher Name (please print) _____

Eighth Grade Math Teacher Signature _____ **Date** _____
(Required)

Principal Name (please print) _____

Principal Signature _____ **Date** _____
(Required)

School Name _____

School Address _____

Telephone Number (_____) _____

Science Teacher Recommendation

To be completed by Science teacher if student is applying to the Science/Health Career Academy.

Recommendations	Strongly Recommend	Recommend	Recommend with Reservation	Do Not Recommend
ACADEMICALLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AS A PERSON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "Recommend with Reservation" or "Do Not Recommend" was marked, please provide additional information:

Please list those skills you believe this applicant will bring to HFHSCP Science/Health Academy:

Eighth Grade Science Teacher Name (please print) _____

Eighth Grade Science Teacher Signature _____ **Date** _____
(Required)