

APPLICATION FORM

HELIAS CATHOLIC HIGH SCHOOL
1305 SWIFTS HIGHWAY
JEFFERSON CITY, MO 65109

Date of Application: _____ Grade Level: _____ Enrollment Fee: \$100

NAME: _____
Last Name First Name Middle Name

BIRTHDATE: ____ / ____ / ____ SOCIAL SECURITY #: _____

GENDER: Male Female STUDENT CELL PHONE: _____ T-Shirt Size _____

Ethnicity:

Hispanic?

YES NO

RACE:

American Indian

Asian

Native Hawaiian/Pacific Islander

Black/African American

White

Unknown

Hispanic American

Hispanic

Prefer not/No Response

Native America

Two or more

HOME PHONE: _____ BIRTH CITY/STATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

CHURCH YOU BELONG TO: _____

RELIGION: _____

PUBLIC SCHOOL YOU WOULD ATTEND: _____ CITY: _____

SCHOOL LAST ATTENDED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

Immunization Records Required Before Admittance.

*HELLIAS CATHOLIC RESERVES THE RIGHT
TO DENY ADMITTANCE BASED ON LIMITED RESOURCES.*

(PLEASE COMPLETE REQUIRED PARENT INFORMATION ON BACK OF FORM)

FATHER OR GUARDIAN: _____
Last Name First Name Middle Initial

RELIGION: _____ **EMAIL ADDRESS:** _____

EMPLOYER: _____ **WORK #:** _____ **CELL #:** _____

MOTHER OR GUARDIAN: _____
Last Name (Maiden Name) First Name Middle Initial

RELIGION: _____ **EMAIL ADDRESS:** _____

EMPLOYER: _____ **WORK #:** _____ **CELL #:** _____

PARENT RESPONSIBLE FOR TUITION _____

ARE EITHER OF THE PARENTS DECEASED? YES NO

ARE THE PARENTS OF THE STUDENT DIVORCED/SEPARATED? YES NO

Divorce papers attached. As a condition of enrollment, the Diocese of Jefferson City and Helias Catholic High School requires that, if there is a divorce, the school must be provided with either a copy of the divorce decree or that portion that stipulates custody and/or any other information pertinent for the school.

NAME ADDITIONAL PARENTS/GUARDIANS WHO SHOULD RECEIVE SCHOOL INFORMATION:

1.NAME: _____ **RELATIONSHIP TO STUDENT:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP** _____

EMAIL ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

2.NAME: _____ **RELATIONSHIP TO STUDENT:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP** _____

EMAIL ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

OTHER PERTINENT INFO: _____

FORMS ATTACHED:	
<input type="checkbox"/> Technology	<input type="checkbox"/> Courses
<input type="checkbox"/> Contract	<input type="checkbox"/> Emergency
<input type="checkbox"/> BYOD	

OFFICE USE

- Registrar Office
- Student Billing
- Mid-Year Enrollment
- SIS Lunch Set-up
- Student Billing Charges
- Enroll Paid
- Email Set-up