

# APPLICATION/ENROLLMENT FORM

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

DUE MARCH 4

Date of Application: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Application 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.***

***\*\*As of 7/1/19, Helias will only accept physician-signed medical exemptions.***

***ALL STUDENTS ARE ADMITTED ON A CONDITIONAL BASIS,  
PENDING A REVIEW OF RECORDS FROM PREVIOUS SCHOOL.***

**(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:**

- Technology  Courses
- Contract  Emergency
- BYOD

**OFFICE USE**

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