

International Application for Admission to the Academy of the Holy Family

Part *One* TO BE COMPLETED BY PARENT(S)/ GUARDIAN(S)/ AGENCY IN ENGLISH

A birth certificate and copy of immunizations must accompany this application. Please see application/tuition fees sheet for information about the nonrefundable application fee which must accompany this applications.

Grade Applying for (circle one): 9 10 11 12

Circle one: Day Student 5-Day Boarder 7-Day Boarder

Year of Entrance: _____

Applicant's Full Legal Name: _____ Nickname: _____

Home Address: _____

Country: _____

Telephone: (____) _____

Student E-mail: _____

Date of Birth: ____/____/____
Month Day Year

Social Security Number: _____

Religion: _____

MOTHER

FATHER

Full Name: _____

Full Name: _____

Home Address: _____

Home Address: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Fax: _____

Fax: _____

Occupation: _____

Occupation: _____

Business Tel. No.: _____

Business Tel. No.: _____

Home/Business Fax No.: _____

Home/Business Fax No.: _____

Schools and Colleges Attended: _____

Schools and Colleges Attended: _____

Degree(s): _____

Degrees: _____

International Application for Admission to the Academy of the Holy Family

Part *One* CONTINUED

Names of relatives who attended the Academy of the Holy Family or other schools where Sisters of Charity of Our Lady, Mother of the Church are present (if Academy of the Holy Family please indicate years of graduation):

How did you first learn of the Academy of the Holy Family?

What are your expectations regarding your daughter's high school experience?

Does your daughter have any particular physical conditions of which the school should be aware (hearing, vision, diet, allergy, etc.)? If yes, please describe:

Has your daughter had any educational evaluations, been tested for a learning disability, or attention deficit disorder?

Counselors are not available on campus. Does your daughter have any emotional issues? Please explain.

_____ Has she ever been hospitalized for mental health? Please explain.

If yes, when was she tested? _____ (Evaluations must be forwarded.)

Has testing ever been suggested? If so, when? _____ (Testing must be forwarded).

IMMUNIZATIONS (Highlighted in Blue) ARE REQUIRED for all Students

Immunizations must be approved by the school Health Aide before being accepted to the school and before an I-20 can be sent to Foreign Student.

Hepatitis B (HepB): <i>Required for all students.</i>	At least 3 doses of the Hepatitis B vaccine (with 4 weeks between dose 1 and dose 2 and 8 weeks between dose 2 and 3; (3rd dose should be at least 16 weeks after 1st dose). A 2-dose series of Recombivax HB® is licensed for students aged 11-15 years.
DPT (Diphtheria / Pertussis / Tetanus): <i>Required for all students.</i>	At least 4 doses with the last dose given after the age of 4.
Tdap (Tetanus and diphtheria toxoids and acellular pertussis vaccine) OR Td (Tetanus and diphtheria toxoids)	Tdap should be substituted for a single dose of Td in the primary catch-up series or as a booster if age appropriate; use Td for other doses. A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. Thereafter a booster Td is required every 5 years.
HIB (Haemophilus influenzae type b conjugate vaccine):	Not recommended aged \geq 5 years old.
Polio: (IPV or OPV): <i>Required for all students.</i>	At least 3 doses, with the last dose being given after the age of 4.
MMR: (Measles, Mumps, Rubella) <i>(Required for all students)</i>	At least 2 doses with the 1st dose on or after one year of age with \geq 4 weeks between the two doses. (Must show proof signed by doctor if immunity to Measles). If single doses for Measles or Mumps or Rubella were given separately, please record them separately. Must have 2 doses of each.
Varicella (Chicken Pox): <i>2 doses required for all students.</i>	<ol style="list-style-type: none"> 1. Must show evidence of immunity by titer if student has had the disease. 2. If no proof of immunity, then administer 2 doses of varicella vaccine to persons aged $>$ 13 years old with doses at least 4 weeks apart.
PCV (Pneumococcal): (Not generally recommended for students aged \geq 5 years except for high risk groups)	Administered for certain high-risk groups such as: diabetes, chronic lung (except asthma), heart, kidney or liver disease, or alcoholism; those whose immune systems have been weakened by such conditions as cancer or HIV infection; people without a functional spleen and those with sickle cell disease.
Meningococcal (MCV4): <i>(Required for all students)</i>	Required for all foreign students. Administer MCV4 to previously unvaccinated adolescents at high school entry (at approximately age 15 years).
Influenza: <i>(Recommended)</i>	Yearly (For healthy persons aged 5-49 years, LAIV may be used as an alternative to TIV.
Hep A (Hepatitis A): <i>(Recommended) Required for all foreign students.</i>	At least 2 doses of the Hepatitis A vaccine (with 6 months between the 2 doses)
Tuberculin Test:	Date: _____ () positive Date: _____ () negative

Please explain any positive reaction and follow-up: _____

Has the student received a BCG immunization? _____ If yes, when? _____

Proof of immunity to any disease includes a signed statement from a physician indicating that the student has had a confirmed case of disease or confirmation by specific blood test conducted by a certified laboratory.

CERTIFICATE OF IMMUNIZATION STATUS

Connecticut State Law and the Academy of the Holy Family requires that all students have a complete Certificate of Immunization Status on file at school.

Student's Last Name	First Name	Middle Name	Sex	Birthdate
Parent/Guardian Name			Daytime Phone	

Immunization	Type of Vaccine	Dose	Date Given			Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year				Month	Day	Year
HEP B - (HBV) Hepatitis B (3 doses required)		1				MMR: Measles (Rubeola), Mumps & Rubella (2) doses with 1st dose on or after 1st birthday , 2nd dose upon entering 7th grade or after.	MMR	1			
		2					MMR	2			
		3					MEASLES	1			
		4					MEASLES	2			
DTaP or DTP or DT - Diphtheria, Tetanus, Pertussis (At least four doses with the last dose on or after 4th birthday)		1				MUMPS	1				
		2				RUBELLA	1				
		3				VARICELLA (Chickenpox): 1st dose must be on or after 1st birthday. (A 2nd dose is now required at AHF) If student has had Disease must show proof signed by doctor.	VACCINE	1			
		4						2			
		5				DISEASE YES	Approximate date or age at time of disease				NO
		6									
Td or Tdap (booster): 10 yrs after initial series completed & every 10 yrs thereafter		1				PCV Pneumococcal conjugate (Recommended)		1			
		2									
		3									
HIB Haemophilus Influenzae B (given up to age 6)		1				Meningococcal (MPSV4 or MPV4) Meningococcal polysaccharide (given upon entering AHF)		1			
		2									
		3									
		4									
Polio - OPV (by mouth) or IPV (by injection) - at least 3 doses with the last dose on or after 4th birthday		1				Influenza (Recommended)		1			
		2						2			
		3						3			
		4						4			
		5									
						HEP A Hepatitis A (recommended)		1			
								2			

TUBERCULOSIS SCREENING: Required by all foreign students and high risk groups.

PPD Test Date	Date Read	Result (mm)		Negative or Postive
If positive PPD, Chest x-ray date	Chest x-ray results	Treatment for TB	Medications Taken	# Months Taken

OTHER VACCINES					OTHER VACCINES				

→ I certify that the information provided here is correct and verifiable ←

X _____ Date: _____
Signature of Physician

Part *Two- What About Me?*

TO BE COMPLETED BY APPLICANT

Name: _____

Home Address: _____

E-mail Address: _____

To the Applicant: The application process is designed to be interesting and challenging. Please take some time to answer the following questions in your own handwriting.

List below your school, community, and extracurricular activities (such as music, art, drama, sports, clubs, volunteer service, etc.) in order of their importance to you. Let us know the years in which you participated in the activity and any notable accomplishments or awards.

Activity

Grade Level

Positions Held/ Honors
Awarded

Complete the following unfinished statements with a couple of words.

Some words my friends would use to describe me are _____

The adjectives I would use to describe my family are _____

The classes that I like are _____

The classes that I dislike are _____

I am most excited about learning when _____

I would consider it a great day if _____

When there's nothing I have to do, I _____

I feel really frustrated when _____

Part *Two- What About Me?*

TO BE COMPLETED BY APPLICANT IN ENGLISH

What are your reasons for wanting to attend the Academy?

If you are a transfer student, what is your reason for leaving your present school?

Have you visited the Academy yet? If so, when?

Present choice of college (if known):

Present career plans (if known):

Please attach a recent photo of yourself. While a typical school photo is acceptable we would prefer one that tells a story about you.

Part *Two- What About Me?*

TO BE COMPLETED BY APPLICANT IN ENGLISH

Describe your experience with religion.

What kind of program or person has shaped your beliefs about God?

How do you feel about attending religion class daily?

What questions/concerns about faith, God or religion are most important to you?

Essays for Application for Admission

Attach completed essays to this form. All applicants must complete question one in addition to one of the three remaining questions listed below.

1. What are you most eager to find at our school and what will be your contribution to our community?
2. Identify and describe a person whom you admire and respect.
3. Imagine a room lined with shelves. On one of the shelves is a box with your name printed on it. Describe what would be in that box.
4. Briefly discuss a global or national issue that is important to you (world hunger, environment, homelessness, etc.) Explain why this issue concerns you.

To: **Heads of schools in countries other than the USA:**
Please send us, in **English**, the following items:

- a. a list of courses studied since the above named student was 11 years old;
- b. a description/syllabus for each course; and the grades earned in each course
- c. attendance records
- d. psychological reports, and learning disabilities (if there are any).
- e. completion by a school staff member of the following pages

STUDENT NAME: _____

ACADEMIC QUALITIES

How would you rank the student in the following area compared with students of the same age? Please evaluate the candidate by placing a check in the appropriate column:

	Outstanding	Good	Average	Below Average	No Basis for Judgment
Intellectual curiosity					
Initiative					
Academic performance					
Creativity and imagination					
Motivation					
Willingness to take intellectual risks					
Perseverance and thoroughness					
Ability to organize					
Attitude towards subject					
Academic ability					
Ability to reason abstractly					
Ability to think logically					
Oral expression					
Ability to work in a group					
Ability to work independently					continued

Seeks help when needed					
Class participation					
Study habits					
Ability to concentrate					

PERSONAL QUALITIES

	Outstanding	Good	Average	Below Average	No Basis for Judgment
Honesty/Integrity					
Self-esteem					
Self-discipline					
Leadership					
Sensitivity to others' feelings/ respect for individual differences					
Responsibility					
Reaction to setbacks					
Maturity (relative to age)					
Attitude toward self					
Receptivity to others' ideas					
Relationship with teacher(s)					
Peer compatibility					
Sense of Humor					

What are the student's strengths? What are the student's weaknesses?

As a student _____ As a student _____

As a person _____ As a person _____

If the student handed a paper in late, it would probably be late because the student:

___ procrastinates ___ strives for perfection of expression ___ has lots of other activities

___ does not apply; student's work is never late ___ other, please explain:

How well does the student accept advice or criticism?

Within your range of experience, how would you rate the student?

___ Truly outstanding ___ Excellent ___ Good ___ Average ___ Below Average

Are you aware of any special circumstances that affect the student's life at school?

Does the student attend class regularly? _____ Is there a problem with tardiness? If so, please explain:

If her academic record is poor, please suggest possible reasons:

Does the student have a diagnosed learning disability? If yes, please explain:

Are there any comments you would feel more comfortable sharing in a phone call? If yes, please provide the phone number and the most convenient time to call:

PARENT/SCHOOL RELATIONSHIP

Parents are an important part of our relationship with the student. Please share with us any thoughts you have regarding the student's family.

How involved are the parents in the school?

Are parents realistic about their child's abilities?

Which word best describes the parents in regard to their child?

Supportive Demanding Controlling Indifferent

Please explain:

Additional comments:

Signature _____ Date _____

Again, thank you for your time, effort and the helpful information you provided.