

Academy of the Holy Family Application Process

Day/Domestic Boarding Students:

- Completed Application including \$50 application fee for day student/\$100 for boarding student, copy of immunizations, two student essays, and photo of student
- Release of Records form, including three recommendations. For freshmen applying, have elementary school send 6th, 7th, and 8th grade academic, attendance, disciplinary records, and any standardized testing results.
- Certified transcript
- Copy of birth certificate
- Copy of Baptismal certificate (if applicable)
- Student Interview arranged with Director of Admissions via Skype or in person
- Health forms – Follow checklist to ensure all proper forms are completed.

International Boarding Students:

- Completed Application including \$100 application fee, copy of immunizations, two student essays, and photo of student
- Release of Records form, including three recommendations. For Freshmen, have elementary school send 6th, 7th, and 8th grade academic, attendance, disciplinary records, and any standardized testing results.
- Certified transcript
- Copy of birth certificate
- Copy of Baptismal certificate (if applicable)
- Student Interview arranged with Director of Admissions via Skype or in person
- Health forms – Follow checklist to ensure all proper forms are completed.
- Affidavit of Support (Bank Statement)
- Copy of passport
- 1-20 from the Academy, including a \$1000 processing fee (applicable towards tuition and refundable only if the student is denied the Visa from their home country, upon which the \$1000 is refunded, less processing costs.)

Academy of the Holy Family

54 West Main Street • Baltic, Connecticut 06330 • Telephone: (860) 822-9272 • FAX: (860) 822-1318

Nurse: [Mrs. Cheryl L. Johnson, LPN](mailto:Mrs.Cheryl.L.Johnson,LPN) / E-Mail: schoolnurse@ahfbaltic.org

Student Name: _____ Grade: _____ DOB: _____

The following medical forms are needed for (_____) to begin the school year. All the below paperwork **must** be returned to school by **August 1st** so that the paper work can be processed before book day. If the school physical or sports physical is/are scheduled after August 1st, please notify the Health Office.

PLEASE NOTE: *Physician* may be a Medical Doctor (MD), Dentist (DMD or DSD), Physician's Assistant (PA), or Advanced Practice Registered Nurse (APRN).

FAMILY MEMBER MAY NOT SIGN AS PHYSICIAN

CHECKLIST

(Please be sure to check box when requirement is completed)

	Form	Required	Form/Information to be Completed by
<input type="checkbox"/>	Contact/Emergency Care Form - 2 pages	All Students- Used for the duration of Enrollment unless changes	Parent/Guardian Signature
<input type="checkbox"/>	Confidential Health History - 2 pages	All Students - Used for duration of Enrollment unless changes	Parent/Guardian Signature
<input type="checkbox"/>	Copy of Insurance Cards Front and Back Please include Insured's Date of Birth	All Students -Used for duration of Enrollment unless changes	Parent/Guardian Supply Insurance coverage is NOT Optional
<input type="checkbox"/>	School Physical Examination (St. of Ct. Health Assessment Record Form HAR-3) - 3 pages All New Students (any grade level); 9 th grade entry & 11 th grade requirement.	Every 2 years after entry school physical Last Physical	Parent/Guardian and Physician Signature
<input type="checkbox"/>	<u>Prescription Medication Authorization</u> - 1 page MUST use a separate form for each prescription - 1 page	Yearly and When Changes are Made to Medication	Physician as prescriber Parent/Guardian if self administered (inhaler, epi pen, cream, eye drop)
<input type="checkbox"/>	Over-the-Counter Medication Authorization - 1 page	All Students - Used for duration of Enrollment unless changes	Physician and Parent/Guardian Signatures

<input type="checkbox"/>	2016-2017 CIAC Student and Parent Concussion Informed Consent Form - 2 pages	All Students - Yearly	Parent/Guardian and Student Signatures
<input type="checkbox"/>	CIAC Student & Parent - Sudden Cardiac Arrest Plan and Consent Form - 1 page	All Students - Yearly	Parent/Guardian and Student Signatures
<input type="checkbox"/>	CIAC Sport Physical is used for health assessment required every 13 months for any student participating in sports (unless HAR-3 is completed)	Every 13 months - for sport physical only	Physician Signature Only
<input type="checkbox"/>	CCIAC Health History Form must accompany the School Physical (This form requires only a Parent/Guardian Signature)	Yearly	Parent Signature ONLY for CIAC Health History Form
<input type="checkbox"/>	Athletic Notification of Risk / Permission to Participate in Sports (For all Athletes)	Yearly	Parent/Guardian and Student Signatures