



# New Student Application for Admission

Bishop Hogan Memorial School  
1114 Trenton St  
Chillicothe, MO 64601

Entering Grade \_\_\_\_\_  
In Year 20\_\_\_\_ - \_\_\_\_\_

Student Applicant \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_  
Last Name First Name Middle Name

Address \_\_\_\_\_  
Number Street Apt Number City State Zip Code

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Family e-mail \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth - Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Religion \_\_\_\_\_ Baptism \_\_\_\_\_ Church \_\_\_\_\_

First Communion \_\_\_\_\_ Church \_\_\_\_\_ Place \_\_\_\_\_  
Month/Day/Year City State

Student's SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Schools Previously Attended:

Date \_\_\_\_\_ Grades \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date \_\_\_\_\_ Grades \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**All Kindergarten students must have reached their fifth birthday before August 1st.**

FAMILY Student resides with Father \_\_\_\_\_ Mother \_\_\_\_\_ Stepparent \_\_\_\_\_ Other \_\_\_\_\_

Person responsible for tuition payment \_\_\_\_\_

Father / Stepfather's Name (*circle one*) \_\_\_\_\_

Mother / Stepmother's Name: (*circle one*) \_\_\_\_\_

Last First Middle

Last First Middle

Mother's Maiden Name \_\_\_\_\_

Marital Status \_\_\_\_\_

Marital Status \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Business/Employer \_\_\_\_\_

Name of Business/Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

### Second Parent Household:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Business/Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant's Siblings: \_\_\_\_\_ Age \_\_\_\_\_, \_\_\_\_\_ Age \_\_\_\_\_

Applicant's Siblings \_\_\_\_\_ Age \_\_\_\_\_, \_\_\_\_\_ Age \_\_\_\_\_

Please indicate why you want your child to attend Bishop Hogan Memorial School.

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In order to meet the academic needs of your child, please identify any special learning problems or special needs (visual, learning, physical, emotional) and whether your child has a 504 plan or an IEP.

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How did you learn about Bishop Hogan Memorial School?

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**Commitment**

All students enrolled in Bishop Hogan Memorial School participate in the Liturgies, religious activities, and prayer services together as a school or in small groups.

Family commitment in terms of financial support, participation and service in the activities of the school, and the development of a positive teacher-parent-student relationship is an expectation held for all Bishop Hogan Memorial School families. Bishop Hogan students are expected to maintain high standards for their personal and intellectual development, and assume responsibility for positive behavior.

Are you registered at St. Columban Parish?      Yes \_\_\_\_\_ No \_\_\_\_\_

Registration fee is \$300.00 for one child and \$375.00 for two or more children.

**Tuition Fees:**

**Parishioners:**

Parish family (one child)	\$ 2,808.00
Parish family (2 <sup>nd</sup> child)	\$ 800.80
Parish family (3 <sup>rd</sup> child)	\$ 457.60

**Non-Parishioners:**

Non-parish family (one child)	\$ 3,569.28
Non-parish family (2nd child)	\$ 1,001.00
Non-parish family (3rd or more) each child	\$ 657.80

To qualify for the parish family rate the student's family must have at least one parent or guardian who is Catholic (or a catechumen or candidate for full communion) and registered at St. Columban Parish.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

In order to process this application, you must enclose a copy of the student's Social Security card and Birth Certificate. If Catholic, you must enclose a copy of the student's Baptismal Certificate.