



Application for Admission

Bishop Hogan Memorial School
1114 Trenton St
Chillicothe, MO 64601

Entering Grade _____
In Year 20____ - _____

Boy _____ Girl _____

Applicant _____
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.

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.

How did you learn about Bishop Hogan Memorial School?

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)	\$ 3678.76
Parish family (2 nd child)	\$ 1324.35
Parish family (3 rd child)	\$ 669.97

Non-Parishioners:

Non-parish family (one child)	\$ 4676.11
Non-parish family (2nd child)	\$ 1730.16
Non-parish family (3rd or more) each child	\$ 963.08

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, and \$100 deposit. If Catholic, you must enclose a copy of the student's Baptismal Certificate.