

# 2010-11 Application for Admission

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## A C A D E M Y O F HOLY ★ ANGELS

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- € Application completed and signed
- € Essay attached
- € Two Teacher Recommendation Forms submitted (one must be from a current math or English teacher and the second from a teacher of your choice). The forms must be submitted directly by teachers or in a sealed envelope.
- € Parent Release of Information Form completed and signed
- € Have you spent a school day visit at AHA? If not, would you like to? Call/email Emily Dapper at 612-798-0764 or [edapper@academyofholyangels.org](mailto:edapper@academyofholyangels.org)

**There is no application fee**

### Student Information

First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_ Date of AHA application \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade entering \_\_\_\_\_ Year of graduation \_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_ Student resides with \_\_\_\_\_

Email address for school correspondence \_\_\_\_\_

Church/Parish \_\_\_\_\_

## Education Information

Student's most recent school (list grades attended) \_\_\_\_\_

Current school address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Fax \_\_\_\_\_ School phone number \_\_\_\_\_

Other schools (list grades attended)

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

## Family Information

### Father/Guardian

First name \_\_\_\_\_ MI \_\_\_\_\_

Last name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Preferred email \_\_\_\_\_

If remarried, spouse's name \_\_\_\_\_

### Mother/Guardian

First name \_\_\_\_\_ MI \_\_\_\_\_

Last name \_\_\_\_\_ Maiden name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Preferred email \_\_\_\_\_

If remarried, spouse's name \_\_\_\_\_

## Siblings

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Alumni

Please list any family members who have attended Holy Angels

Name	Relationship	Year of Graduation
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Parent Response

List any service, volunteer or outreach involvements by the applicant and/or parents in your church, parish or community.

Name of Organization	Description of Activity	Positions held &/or honors earned
<b>Applicant response</b>		
<b>Parent/Guardian response</b>		

The Class of 2014 Placement Exam is Saturday, January 16, 2010 (Make-up Exam is Tuesday, January 19, 2010). Are you planning on taking the exam at Holy Angels? \_\_\_\_\_ If you're planning to take the exam at another school, what school have you chosen?

*Please note: AHA does not require applicants to take the exam at Holy Angels, nor does the location where a student takes the exam have any impact on acceptance to AHA. In addition, students may still apply to AHA following the January exam date, whether or not they have taken the placement exam.*

Please provide us with all information about your child's educational needs and specific programs in which he/she has participated in the space below.

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Is there anything else the Academy of Holy Angels should know about this student that would help make the academic or social transition into high school a positive one?

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## Student Response

At the Academy of Holy Angels, our goal is for our students to grow in faith, participate in service, excel in academics and participate in numerous co-curricular activities. In a formal essay (approximately 400 words), please explain your plan for a great high school experience.

☆ Please attach your essay to the application ☆

Thank you for applying to the Academy of Holy Angels.  
We welcome you and your entire family to our Catholic community!

Academy of Holy Angels is a Catholic school which welcomes students of all faiths. As a Catholic school, we expect all students, regardless of faith, to take theology classes and attend all required liturgies. Please sign below to indicate that you understand and support these expectations.

I certify that the information I have provided on this application and on all other admissions application materials is complete, accurate and true to the best of my knowledge. I will complete any necessary testing prior to registration.

I understand that the Academy of Holy Angels is a Catholic, co-educational school for grades nine through twelve providing a regular educational program. Further, I understand it will provide an educational program to disabled persons that reasonably can be accommodated. I also understand that special education services, though available from Holy Angels, are limited and that additional services may need to be sought from the appropriate public school district.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

# A C A D E M Y O F HOLY ★ ANGELS

*Confident. Prepared. Connected in faith.*



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**Parent Request for School Information Release**

Parent(s) or Guardian(s) should send this signed form to the Academy of Holy Angels Admissions Department, not the student's current school.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Home Phone \_\_\_\_\_

Birth Date \_\_\_\_\_

Present School (2009-10 school year) \_\_\_\_\_

School Fax Number **(Required)** \_\_\_\_\_

School Attended (2008-09, if different) \_\_\_\_\_

School Fax Number **(Required)** \_\_\_\_\_

I give my permission to release the following information to the Academy of Holy Angels:

- € Academic transcript for the 2008-09 and 2009-10 school years
- € Standardized test scores (please include all on file)
- € Attendance and tardiness record
- € Behavior records (i.e. detentions, suspensions, etc.)
- € Any and all other academic documents

For students entering grades 10, 11 or 12, also include all high school academic transcripts.

I understand that the Academy of Holy Angels will request information from the school(s) my child has attended or currently attends. I understand that AHA must receive it. Failure to provide AHA with complete information may result in a student's enrollment being delayed, withdrawn or denied.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Reminder: Parents should complete this form and return it to Holy Angels Admissions.

**Schools: Please fax or send the above information to:**

**Jesse A. Foley**  
**Director of Admissions**  
**6600 Nicollet Avenue South**  
**Richfield, MN 55423**  
**Ph: 612-798-2600 Fax: 612-798-2610**

# Teacher Recommendation Form



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## Student biographical information To be completed by applicant

Applicant first name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

Year of graduation \_\_\_\_\_ Home email address \_\_\_\_\_

In addition to the application, and academic transcript, the applicant must submit this recommendation in order to be considered for admission. Please complete this form and return it directly to the Academy of Holy Angels Admissions Department.

**This information is confidential and the form will be destroyed after the admissions decision is made.**

## To be completed by current teacher

Your name(s) \_\_\_\_\_ School \_\_\_\_\_

Academic subject taught \_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

May we call you? \_\_\_\_\_ Phone \_\_\_\_\_ Best time \_\_\_\_\_

Please check if you would like to talk about this applicant \_\_\_\_\_

Teachers—Please rank student according to his/her merit in each of the following categories. Please circle the number that reflects his/her performance. **Comments are welcome, but not required.**

### 1. Current academic performance

10 \_\_\_\_\_ 9 \_\_\_\_\_ 8 \_\_\_\_\_ 7 \_\_\_\_\_ 6 \_\_\_\_\_ 5 \_\_\_\_\_ 4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_  
(excellent) (limited)

### 2. Level of motivation, effort and perseverance

10 \_\_\_\_\_ 9 \_\_\_\_\_ 8 \_\_\_\_\_ 7 \_\_\_\_\_ 6 \_\_\_\_\_ 5 \_\_\_\_\_ 4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_  
(excellent) (limited)

### 3. Study habits

10 \_\_\_\_\_ 9 \_\_\_\_\_ 8 \_\_\_\_\_ 7 \_\_\_\_\_ 6 \_\_\_\_\_ 5 \_\_\_\_\_ 4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_  
(excellent) (limited)

### 4. Use of class time

10 \_\_\_\_\_ 9 \_\_\_\_\_ 8 \_\_\_\_\_ 7 \_\_\_\_\_ 6 \_\_\_\_\_ 5 \_\_\_\_\_ 4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_  
(excellent) (limited)

**5. Classroom conduct**

10 \_\_\_\_\_ 9 \_\_\_\_\_ 8 \_\_\_\_\_ 7 \_\_\_\_\_ 6 \_\_\_\_\_ 5 \_\_\_\_\_ 4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_  
(excellent) (limited)

**6. Use of academic potential**

10 \_\_\_\_\_ 9 \_\_\_\_\_ 8 \_\_\_\_\_ 7 \_\_\_\_\_ 6 \_\_\_\_\_ 5 \_\_\_\_\_ 4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_  
(excellent) (limited)

**7. Leadership**

10 \_\_\_\_\_ 9 \_\_\_\_\_ 8 \_\_\_\_\_ 7 \_\_\_\_\_ 6 \_\_\_\_\_ 5 \_\_\_\_\_ 4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_  
(excellent) (limited)

**8. Honesty and integrity**

10 \_\_\_\_\_ 9 \_\_\_\_\_ 8 \_\_\_\_\_ 7 \_\_\_\_\_ 6 \_\_\_\_\_ 5 \_\_\_\_\_ 4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_  
(excellent) (limited)

**9. Consideration for others**

10 \_\_\_\_\_ 9 \_\_\_\_\_ 8 \_\_\_\_\_ 7 \_\_\_\_\_ 6 \_\_\_\_\_ 5 \_\_\_\_\_ 4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_  
(excellent) (limited)

**10. Service (if applicable)**

Has a history of helping others through service

Has shown willingness to help others through service

Not willing to help others through service

**Behavior**

Has this applicant ever \_\_\_\_\_ been suspended?

If any items are checked, please explain:

\_\_\_\_\_ been on behavioral contract?

\_\_\_\_\_ received frequent detentions?

\_\_\_\_\_ other disciplinary actions?

Is there anything else the Academy of Holy Angels should know regarding this applicant to help evaluate his/her application?

