

Application for Admission for 2012-13



A C A D E M Y O F HOLY ★ ANGELS



Academy of Holy Angels is a 2008 Minnesota Quality Award Winner

- Application completed and signed
- Student 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, signed and sent to AHA
- Have you spent a school day visit at AHA? If not, would you like to? Call/email Meg Angevine at 612-798-0764 or mangevine@academyofholyanimals.org

There is no application fee

Student Information

First name _____ MI _____ Last name _____ Date of AHA application _____

Birth date ____/____/____ Current grade _____ Grade entering _____ HS Graduation Year _____

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 _____

Parent high school _____

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 _____

Parent high school _____

Siblings

First Name	Last Name	Current School	Current 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
Applicant response		
Parent/Guardian response		

The 8th Grade (Class of 2016) Placement Exam is Saturday, January 21, 2012 (Make-up Exam is Tuesday, January 24, 2012). Will your son/daughter take the exam at Holy Angels? _____ If not, please indicate where your son/daughter will take the exam in order for us to request the results.

Please note:

** AHA does not require applicants to take the exam at Holy Angels, nor does the location of where a student takes the exam have any impact on acceptance to AHA.*

** Students may still apply to AHA after the January exam date, whether or not they have taken the placement exam.*

** AHA does not offer a placement exam for transfer student applicants.*

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

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?

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 fully in co-curricular activities. In a formal essay (approximately 400 words), please explain your plan for an ideal 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 _____

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HOLY ★ ANGELS

Confident. Prepared. Connected in Faith.



ACADEMY OF
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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 (2011-12 school year) _____		School Fax Number (Required) _____	
School Attended (2010-11, 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 2010-11 and 2011-12 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 this information. 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?



Academy of Holy Angels

Criteria for Ninth-Grade Admission



The mission of the Academy of Holy Angels is to educate and nurture a diverse student population so that each student, as a whole person, may achieve full potential to excel intellectually, to live spiritually, to lead responsibly, to act justly, and to serve selflessly. We strive to provide a Catholic education to all students who apply. However, we recognize we cannot provide an appropriate educational setting for all students.

In the event that we at Academy of Holy Angels need to limit enrollment, we will select students using the following considerations:

I The criteria for all applicants are:

Academics- based on students' academic records and use of their academic potential

Behavior and Service— based on students' records from previous schools and recommendations from teachers or other mentors

Students' personal essay

II Priority in selection will be given to applicants who meet the above criteria and who:

Had or have had a sibling at Academy of Holy Angels

Have had a parent or grandparent who graduated from Academy of Holy Angels

Are children of staff

Have been or are involved in a Catholic religious education program. Prioritized in the following manner;

Holy Angels Catholic Partner grade school*

Substantial Catholic religious education experiences

*Holy Angels Partner schools include: All Catholic Grade Schools and/or Catholic Middle Schools.



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