



**Holy Name School**

850 Pearce Street  
T: 508-674-9131

Fall River, Massachusetts 02720  
F: 508-679-0571 W: hnsfr.org  
Mr. David J. Flanagan, Principal  
Rev. Riley J. Williams, Director

Application for admission to grade: \_\_\_\_\_ Beginning September: **2023-2024**

**Applicant Information:**

Applicant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Gender: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**School Information:**

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

School Address: \_\_\_\_\_

Grades Attended: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Parent/Guardian Information:**

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Mother's Occupation/Title: \_\_\_\_\_

Company: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Father's Occupation/Title: \_\_\_\_\_

Company: \_\_\_\_\_ Company Phone #: \_\_\_\_\_



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**Marital Status:**

\_\_\_\_\_ Married      \_\_\_\_\_ Separated      \_\_\_\_\_ Divorced      \_\_\_\_\_ Single Parent  
\_\_\_\_\_ Other \_\_\_\_\_

**Applicant lives with:**

\_\_\_\_\_ Both Parents      \_\_\_\_\_ Shared Custody      \_\_\_\_\_ One Parent

**Check all that apply:**

\_\_\_\_\_ Mother      \_\_\_\_\_ Father      \_\_\_\_\_ Guardian(s)      \_\_\_\_\_ Siblings

\_\_\_\_\_ Step Mother      \_\_\_\_\_ Step Father      \_\_\_\_\_ Grandmother      \_\_\_\_\_ Grandfather

\_\_\_\_\_ Other \_\_\_\_\_

**Sibling Information:**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

School And Grade: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

School And Grade: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

School And Grade: \_\_\_\_\_