



AUTHORIZATION TO RELEASE STUDENT RECORDS

Parent/Guardian:

Please complete and sign this section and return to the Hales Franciscan High School Admission Office.

Note: The school listed below will be contacted directly by Hales Franciscan High School.

I hereby authorize:

Name of Current Elementary School

School's Street Address

City

State

Zip Code

to release the records of _____

Student

Student's Date of Birth

Date

Parent Name (PRINT)

Parent Signature

Registrar: please provide Hales Franciscan High School with the documents requested below:

The student named above has applied for admission to Hales Franciscan High School. With the permission of the parent granted above, Hales Franciscan requests an electronic or paper copy of the following documents be forward to the school:

- 7th and 8th grade Report Cards
- 7th and 8th grade Standardized Test Scores
- Discipline & Attendance Report (*form attached*)
- *If applicable:* Specialized Educational Plan/IEP/504 Plan

Hales Franciscan High School Admissions

Mail: Admissions, Hales Franciscan, 4930 South Cottage Grove Avenue, Chicago, Illinois 60615

Fax: 773-285-7025

Email: admission@halesfranciscan.org



Admission Office
 4930 S. Cottage Grove Ave., Chicago, Illinois 60615
 Telephone: 773-285-8400 Fax: 773-285-7025
 www.halesfranciscan.org

2022-23 Freshman Admission Application & Survey
 (To be completed by prospective student **and** parent)

Please **PRINT** all parts of this application.

Referred By (If Applicable)

Name (Individual or Organization) _____

Student Section

Student's Full Legal Name _____

Mailing Address _____
Street Address City State Zip

Home Telephone _____ / _____ Date of Birth _____ / _____ / _____
Area Code Telephone Number Month Day Year

Student's Current School _____

School's Address _____
Street Address City State Zip

Parent(s)/Guardian(s) Section

Information and correspondences will **ONLY** be sent to the person(s) listed below:

I/We are: Parents Mother only Father only Guardian(s)

Name _____

Mailing Address _____
Street Address City State Zip

Primary Telephone Number _____ / _____ Primary Cell Number _____ / _____
Area Code Telephone Number Area Code Telephone Number

Email _____@_____._____

Does the student receive accommodations from his current school?

No
 Yes, IEP 504 Specialized Educational Plan Other _____

Is there a medical condition that could impact learning?

No
 Yes, please identify: _____

Survey

Have any of your family members attended or graduated from Hales Franciscan?

No

Yes *Name of Relative*

Relationship

Years of Attendance/Graduation

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you attend an Open House event at Hales Franciscan this school year? Yes No

Please check the description that best fits you: I am a:

Catholic student from a Catholic school

Non-Catholic student from a Catholic school

Catholic student from a public school

Non-Catholic student from a public school

Catholic student from a private school

Non-Catholic student from a private school

Signatures

By my signature below, I acknowledge that all of the questions in this application have been answered truthfully and I understand that false responses could result in my child not being accepted into Hales Franciscan High School.

As a condition of acceptance, the parent/guardian agrees the student shall be subject to the rules, regulations, discipline code, procedures and policies which are and may be established by Hales Franciscan High School.

The parent/guardian also agrees to be individually responsible for the tuition and fees established by the school for each year the student is in attendance. It should be clearly understood that failure to pay tuition and fees due the school will result in your child being excluded from classes and extracurricular activities, and possibly expelled from Hales Franciscan High School. In the event a student transfers to another school owing money, official transcripts will not be sent to any other school until all past due balances are paid in full.

I understand and agree,

(Print) Parent

(Print) Student

(Signature) Parent

(Signature) Student

Date _____

Date _____

Elementary Records Permission

Your signature on this application grants Hales Franciscan permission to request the following documents from your child's elementary school:

Official 7th & 8th Grade Report Cards
7th & 8th Grade Standardized Test Scores
Accommodation Information (IEP, 504, Specialized Learning Plan)
7th & 8th Grade Discipline Records
two Teacher Recommendations (1 math *or* science; 1 humanities *or* social science)
one Optional Recommendation (community leader, pastor, coach, moderator)

Please provide the following information:

Note: The school address listed as your *current* school on Page 1 of this application will be used to contact the individuals listed below. If there is different contact information, please share at the bottom of this page.

Name of Principal

Name of School Counselor

Name of Dean of Students

Math or Science Teacher who will speak to candidate's knowledge, classroom performance and ability

Name

Subject Taught

Humanities or Social Science Teacher who will speak to candidate's knowledge, classroom performance and ability

Name

Subject Taught

(Optional) Community Leader, Pastor, Coach, Club Moderator who will speak to the candidate's character, special abilities and/or future promise

Name

Title

Email *or* Mailing Address