

HOLY SPIRIT CATHOLIC SCHOOL

Student Registration

STUDENT INFORMATION

 Last Name First M.I. Sex Date of Birth

 Address City State Zip Phone Number

 Place of Birth City State Grade student is entering

Catholic _____ Non-Catholic _____ Parish _____ If Holy Spirit, parish envelope # _____

 Baptismal Date Church City, State

 First Communion Church City, State

 First Reconciliation Church City, State

Please check one of the following:

- American Indian _____
- White/Non-Hispanic _____
- Black/Non-Hispanic _____
- Hispanic _____
- Multiracial _____

PARENT/GUARDIAN INFORMATION

Student lives with: Father & Mother _____ Father _____ Mother _____ Guardian _____ Other (Specify) _____

 Father's Last Name First M.I. Mother's Last Name First M.I.

 Address City State Zip Address City State Zip

 Home Phone Work Phone Cell Phone Home Phone Work Phone Cell Phone

 Email Email

 Guardian's Last Name First M.I. Address City State Zip

 Home Phone Work Phone Cell Phone Email

IF STUDENT IS ATTENDING KINDERGARTEN OR PRE-SCHOOL, PLEASE CHECK THE FOLLOWING:

KINDERGARTEN

A.M. _____ Full Day _____

PRE-SCHOOL

- 3-year old: Tues/Thurs A.M. _____
- 4-year old: M-F Full Day _____
- 4-year old: Mon/Wed/Fri A.M. _____
- 4-year old: Mon/Wed/Fri Full Day _____

OVER

Does your child have an IEP, 504, and/or receive resource help?

YES _____ NO _____

If yes, please provide a copy of the IEP or 504 and any other pertinent documentation with this registration form.

REGISTRATION IS NOT COMPLETE AND WILL NOT BE PROCESSED WITHOUT THE REQUESTED RECORDS LISTED BELOW:

School Records _____

 If transferring from another school, list name and address of school attended

Birth Certificate _____

Baptismal Certificate _____

Immunization Records _____

Parent/Guardian Signature

Date