

Holy Family School Registration Application Pre-K - 8
PLEASE PRINT ALL INFORMATION CAREFULLY & CLEARLY

Student Information: Application for Grade _____ Date _____

First Name _____ Middle Initial: _____ Last Name _____

Name student likes to be called _____ Circle one Male Female

Birth date: _____ City/State/Country of Birth _____
mm/dd/yyyy

How many children are in your family? _____ Where does this student fall in the birth order? _____ (1st, 2nd, 3rd)

Student's cell phone number: _____

Does this student have an Individualized Education Plan (IEP) on file? Yes No

Is this child the oldest child in your family currently enrolled in this school? Yes No

Ethnicity of Student _____

What is the primary language that is spoken in your home? _____

Is this student Catholic? _____ At what church does this student currently worship? _____

Name/Address of Church where Baptized _____
Date of Baptism _____

If the student has received any of the following sacraments of the Catholic Church, please enter the dates and names of the church:

Date of First Penance _____ Church _____
Date of First Communion _____ Church _____
Date of Confirmation _____ Church _____

What was the date of this student's first polio vaccine shot? _____

FOR TRANSFER STUDENTS: List school(s) student previously attended starting with most recent. Please give school/location years and grades/attended:

School/Location	Grade(s)/Year(s)
_____	_____
_____	_____
_____	_____

MEDICAL INFORMATION

Does your child have a medical condition we should be aware of? _____

Does your child require regular medication? _____

Does your child wear corrective lenses/glasses? Yes No

Has your child ever been hospitalized? Yes No

Other pertinent information _____

(For PREK & Kindergarten applicants) Is the child FULLY toilet trained? Yes No

How did you come to know of/choose Holy Family School? _____

Family Information

Family Member 1 (This is the primary care taker of the student and resides with the student)

Title: _____ (Mr., Mrs., Dr., Ms., etc.) What is this person's relationship to the student: (mother, step father, grandmother, aunt, etc) _____

First Name _____ Middle Initial _____

Last Name _____ Religion _____

Maiden Name (if mother) _____ Place of Birth _____

Occupation _____

Employer/Address _____

Home Phone () _____ Work Phone () _____ Ext. _____

Other Phones () _____ Phone Extension _____ (What type of

phone is this? (cell, pager, additional work, additional home) _____

() _____ Phone Extension _____ (Type) _____

Main E-mail Address _____ @ _____

Family Member 2 (this person should also reside at the same address as Family Member 1 and the student)

Title: _____ (Mr., Mrs., Dr., Ms., etc.) What is this person's relationship to the student: (mother, step father, grand mother, aunt, etc) _____

First Name _____ Middle Initial _____

Last Name _____ Religion _____

Maiden Name (if Mother) _____ Place of Birth _____

Work Phone () _____ Phone Extension _____

Occupation _____

Employer/Address _____

Home Phone () _____ Work Phone () _____ Ext. _____

Other Phones () _____ Phone Extension _____ What type of

phone is this? cell, pager, additional work, additional home, _____

() _____ Phone Extension _____ (Type) _____

Mailing Address for School Correspondence (This should be the student's home address.)

Street Address _____ Apartment number _____

Zip Code _____ City _____

Home Phone _____

Address Mail to _____

Additional Family Information - in cases of separation, divorce, guardianship, etc. - must provide information for Non-residential parent(s) and answer questions listed.

Person 1

Relationship to the student _____ (father, mother) _____ living _____ deceased.

Title: _____ (Mr., Mrs., Dr., Ms., etc.)

First Name _____ Middle Initial _____

Last Name _____ Religion _____

Maiden Name (if mother) _____ Place of Birth _____

Occupation _____

Employer _____

Home Address _____ Apartment Number _____

Zip Code _____ State _____ City _____

Home Phone () - - - - - Work Phone () - - - - - Ext. _____

Other Phones () - - - - - Phone Extension _____ (type) _____

() - - - - - Phone Extension _____ (type) _____

Should this person receive copies of school mailings? Yes No

Is this person allowed to pick-up the student after school? Yes No

Should this person be added to the list of emergency contacts? Yes No

Should this person receive a copy of the report card? Yes No

Should this person receive a copy of the tuition bill? Yes No

Is this person responsible for the tuition bill? Yes No

Person 2

Relationship to the student _____ (Mother, stepfather, etc.) _____ living _____ deceased

Title: _____ (Mr., Mrs., Dr., Ms., etc.)

First Name _____ Middle Initial _____

Last Name _____ Religion _____

Maiden Name (if mother) _____ Place of Birth _____

Occupation _____

Employer _____

Home Address _____ Apartment Number _____

Zip Code _____ State _____ City _____

Home Phone () - - - - - Work Phone () - - - - - Ext. _____

Other Phones () - - - - - Phone Extension _____ (type) _____

() - - - - - Phone Extension _____ (type) _____

- Should this person receive copies of school mailings? Yes No
- Is this person allowed to pick-up the student after school? Yes No
- Should this person be added to the list of emergency contacts? Yes No
- Should this person receive a copy of the report card? Yes No
- Should this person receive a copy of the tuition bill? Yes No
- Is this person responsible for the tuition bill? Yes No

SIBLINGS – Please list by name all siblings –from youngest to oldest with CURRENT Age.

Child's Name	Current Age/Date of birth

This application does not guarantee admission. The Registration Fee in non-refundable unless your child is not accepted. If any documents are missing, your child's acceptance will be delayed. If there is any pertinent data pertaining to a student's educational and/or behavioral history that is withheld by the parent/guardian at the time of enrollment, the school retains the right to terminate its relationship with the student. Upon acceptance my child and I agree to abide by the rules and regulations of the school. I understand acceptance is conditional. Failure to comply with the rules and regulations may result in dismissal.

_____ Parent Signature _____ Date

*****For School Use Only *****

Baptismal Certificate _____

Birth Certificate _____

Immunization Record _____

Latest Report Card _____

Registration Fee _____