



# HOLY SPIRIT SCHOOL APPLICATION 2012



Child's Name: Last  First  Middle  Male ☐ Female ☐  
 Birthdate (M/D/Y):  Birthplace:  Ethnicity:  Applying for Grade:   
 Address:  City:  Zip:  Grade(s) of Sibling(s):   
 Current Pre-school/Elementary School:  Home Phone:   
 Email:

## FAMILY RECORD

Referred By

Parish:  Registered: Yes ☐ No ☐ Weekly Envelopes: Yes ☐ No ☐  
 Holy Spirit Alumni? ☐ Bilingual? ☐ (IF YES, WHAT LANGUAGES?)

### FATHER

### MOTHER

### GUARDIAN

	Last	First	Middle	Maiden Last Name	First	Middle	Last	First	Middle
Full Name:	<input type="text"/>			<input type="text"/>			<input type="text"/>		
Birthplace:	<input type="text"/>			<input type="text"/>			<input type="text"/>		
Religion:	<input type="text"/>			<input type="text"/>			<input type="text"/>		
Occupation:	<input type="text"/>			<input type="text"/>			<input type="text"/>		
Work/Cell Ph:	<input type="text"/>			<input type="text"/>			<input type="text"/>		
Marital Status:	<input type="text"/>			<input type="text"/>			<input type="text"/>		

## RECORD OF SACRAMENTS RECEIVED

	<u>BAPTISM</u>	<u>HOLY EUCHARIST</u>	<u>RECONCILIATION</u>	<u>CONFIRMATION</u>
Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Church:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## IMMUNIZATION RECORDS

Polio Dates: 1.  2.  3.  4.  5.  Hepatitis B Series:     
 DTP: 1.  2.  3.  4.  5.  Hepatitis A Series:    
 MMR: 1.  2.  TdBOOSTER:  Varicella:  TBSKIN TEST ( - / + ):

Enrollment of your child in Holy Spirit School includes the following responsibilities and acceptance of them: Adhering to school policies, procedures, prompt payment of tuition fees, registration, active participation in the Parent Group, other school activities/events, and attendance at Saturday/Sunday Mass.

FATHER'S SIGNATURE: \_\_\_\_\_

MOTHER'S SIGNATURE: \_\_\_\_\_

GUARDIAN'S SIGNATURE: \_\_\_\_\_

*For Office Use Only!*

Ack. Sent: ☐ Yes ☐ No Cum. Req:

\$40 Fee Rec'd ☐ Check #:  SID: 900  Ack. Date:

FID:  PS Log-in Sent: ☐ Yes ☐ No HSSAPP rev 12.06.11