



HOLY SPIRIT SCHOOL APPLICATION 2014



Child's Name: Last First Middle Male ☐ Female ☐

Birthdate (MM/DD/YYYY): Birthplace: Ethnicity:

Address: City: Zip:

Current Pre-school/Elementary School:

Application Date:

Applying for Grade:

Grade(s) of Sibling(s):

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"/>		
Email:	<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.

DTP: 1. 2. 3. 4. 5.

MMR: 1. 2.

TdBOOSTER:

Hepatitis B Series:

Hepatitis A Series:

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: <input type="checkbox"/> Yes <input type="checkbox"/> No Cum. Req: <input type="text"/>
\$40 Fee Rec'd <input type="checkbox"/> Check #: <input type="text"/>	SID: 901____ Ack. Date: <input type="text"/>
FID: _____	PS Log-in Sent: <input type="checkbox"/> Yes <input type="checkbox"/> No

HSSAPP rev 12.16.13