



HOLY SPIRIT SCHOOL APPLICATION 2016



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

FAMILY RECORD

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

	<u>FATHER</u>			<u>MOTHER</u>			<u>GUARDIAN</u>		
	Last	First	Middle	Maiden Last Name	First	Middle	Last	First	Middle
Full Name:									
Birthplace:									
Religion:									
Occupation:									
Cell Phone:									
Email:									
Marital Status:									

RECORD OF SACRAMENTS RECEIVED

	<u>BAPTISM</u>	<u>HOLY EUCHARIST</u>	<u>RECONCILIATION</u>	<u>CONFIRMATION</u>
Date:				
Church:				
City/State:				

IMMUNIZATION RECORDS

Polio Dates: 1.	2.	3.	4.	5.	Hepatitis B Series:			
DTP: 1.	2.	3.	4.	5.	Hepatitis A Series:			
MMR: 1.	2.				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 <input type="checkbox"/> No <input type="checkbox"/> Cum. Req: _____
\$40 Fee Rec'd <input type="checkbox"/> Check #: _____	SID: 901 _____ Ack. Date: _____
FID: _____ PS Log-in Sent: Yes <input type="checkbox"/> No <input type="checkbox"/>	HSSAPP rev 12.15.14