



HOLY SPIRIT SCHOOL APPLICATION 2015



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?)

	<u>FATHER</u>			<u>MOTHER</u>			<u>GUARDIAN</u>		
	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"/>		
Cell Phone:	<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.

Tdap BOOSTER:

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 <input type="text"/> Ack. Date: <input type="text"/>
FID: <input type="text"/>	PS Log-in Sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	HSSAPP rev 12.15.14