



# HOLY SPIRIT SCHOOL APPLICATION 2014



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

Birthdate (MM/DD/YYYY):  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"/>		
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. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>	4. <input type="text"/>	5. <input type="text"/>	Hepatitis B Series: <input type="text"/>	<input type="text"/>	<input type="text"/>
DTP: 1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>	4. <input type="text"/>	5. <input type="text"/>	Hepatitis A Series: <input type="text"/>	<input type="text"/>	
MMR: 1. <input type="text"/>	2. <input type="text"/>	TdBOOSTER: <input type="text"/>			Varicella: <input type="text"/>	TBSKIN TEST (- / +): <input type="text"/>	

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