



HOLY SPIRIT SCHOOL APPLICATION 2011



Last	First	Middle	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Application Date: _____
Child's Name: _____					Applying for Grade: _____
Birthdate (M/D/Y): _____		Birthplace: _____	Ethnicity: _____	Grade(s) of Sibling(s): _____	
Address: _____		City: _____	Zip: _____	Home Phone: _____	
Current Pre-school/Elementary School: _____				Email: _____	

FAMILY RECORD

Referred By _____

Parish: _____

Registered: Yes No Weekly Envelopes: Yes No

Holy Spirit Alumni?

Bilingual? (IF YES, WHAT LANGUAGES?) _____

FATHER

Last	First	Middle
Full Name: _____		
Birthplace: _____		
Religion: _____		
Occupation: _____		
Work/Cell Ph: _____		
Marital Status: _____		

MOTHER

Maiden Last Name	First	Middle
Last		
First		
Middle		

GUARDIAN

First	Middle
Last	

RECORD OF SACRAMENTS RECEIVED

BAPTISM

HOLY EUCHARIST

RECONCILIATION

CONFIRMATION

Date: _____
Church: _____
City/State: _____

IMMUNIZATION RECORDS

Polio Dates: 1. _____	2. _____	3. _____	4. _____	5. _____
DTP: 1. _____	2. _____	3. _____	4. _____	5. _____
MMR: 1. _____	2. _____	Td 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: Yes No Cum. Req:

\$35 Fee Rec'd Check #: _____ SID: 900 _____ Ack. Date: _____

FID: _____ PS Log-in Sent: Yes No HSSAPP rev 11.01.10