



HOLY SPIRIT SCHOOL APPLICATION 2011



Last First Middle Application Date:

Child's Name: Male ☐ Female ☐ 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

Parish: Registered: Yes ☐ No ☐ Weekly Envelopes: Yes ☐ No ☐ Referred By

Holy Spirit Alumni? ☐ Bilingual? ☐ (IF YES, WHAT LANGUAGES?) GUARDIAN First Middle Last

MOTHER

FATHER First Middle Last Maiden Last Name First Middle Last

Full Name:

Birthplace:

Religion:

Occupation:

Work/Cell Ph:

Marital Status:

RECORD OF SACRAMENTS RECEIVED

BAPTISM

Date:

Church:

City/State:

RECONCILIATION

CONFIRMATION

IMMUNIZATION RECORDS

Polio Dates: 1. 2. 3. 4. 5. Hepatitis B Series:

DTP: 1. 2. 3. 4. 5. Hepatitis A Series:

MMR: 1. 2. 3. TdBOOSTER: 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