

# HOLY SPIRIT CATHOLIC SCHOOL

## Student Registration

### STUDENT INFORMATION

\_\_\_\_\_  
 Last Name                      First                      M.I.                      Sex                      Date of Birth

\_\_\_\_\_  
 Address                      City                      State                      Zip                      Phone Number

\_\_\_\_\_  
 Place of Birth                      City                      State                      Grade student is entering

Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_ Parish \_\_\_\_\_ If Holy Spirit, parish envelope # \_\_\_\_\_

\_\_\_\_\_  
 Baptismal Date                      Church                      City, State

\_\_\_\_\_  
 First Communion                      Church                      City, State

\_\_\_\_\_  
 First Reconciliation                      Church                      City, State

Please check one of the following:

American Indian                      \_\_\_\_\_  
 White/Non-Hispanic                      \_\_\_\_\_  
 Black/Non-Hispanic                      \_\_\_\_\_  
 Hispanic                      \_\_\_\_\_  
 Multiracial                      \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Student lives with: Father & Mother \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_ Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
 Father's Last Name                      First                      M.I.                      Mother's Last Name                      First                      M.I.

\_\_\_\_\_  
 Address                      City                      State                      Zip                      Address                      City                      State                      Zip

\_\_\_\_\_  
 Home Phone                      Work Phone                      Cell Phone                      Home Phone                      Work Phone                      Cell Phone

\_\_\_\_\_  
 Email                      Email

\_\_\_\_\_  
 Guardian's Last Name                      First                      M.I.                      Address                      City                      State                      Zip

\_\_\_\_\_  
 Home Phone                      Work Phone                      Cell Phone                      Email

**IF STUDENT IS ATTENDING KINDERGARTEN OR PRE-SCHOOL, PLEASE CHECK THE FOLLOWING:**

#### KINDERGARTEN

A.M. \_\_\_\_\_ Full Day \_\_\_\_\_

#### PRE-SCHOOL

3-year old: Tues/Thurs A.M. \_\_\_\_\_  
 4-year old: M-F Full Day \_\_\_\_\_  
 4-year old: Mon/Wed/Fri A.M. \_\_\_\_\_

**OVER**

**Does your child have an IEP, 504, and/or receive resource help?**

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide a copy of the IEP or 504 and any other pertinent documentation with this registration form.

**REGISTRATION IS NOT COMPLETE AND WILL NOT BE PROCESSED WITHOUT THE REQUESTED RECORDS LISTED BELOW:**

School Records \_\_\_\_\_

\_\_\_\_\_   
 If transferring from another school, list name and address of school attended

Birth Certificate \_\_\_\_\_

Baptismal Certificate \_\_\_\_\_

Immunization Records \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date