



HOLY SPIRIT SCHOOL APPLICATION 2022



Child's Name: Last First Middle Male Female

Birthdate (M/D/Y): Birthplace: Ethnicity:

Address: City: Zip:

Current Pre-school/Elementary School:

Application Date:

Applying for Grade:

Grade(s) of Sibling(s):

Cell Phone:

Email:

FAMILY RECORD

Parish: Registered: Yes No Weekly Envelope: Yes No How did you hear about us?

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. <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"/>		Tdap Booster <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: _____

\$40.00 Application Fee Received: (Check/Cash): _____

Acknowledgement Sent: (date): _____