



## HOLY FAMILY PARISH SCHOOL REGISTRATION FORM

### **Registration Fee is due with form.**

If a new student, Please provide the following documents:

School Year: \_\_\_\_\_ Grade: K 1 2 3 4 5 6 7 8

Full day preschool (3 yrs.) Half-day preschool (3 yrs.) Full day Pre-K (4 yrs.) Half-Day Pre-K (4 yrs.)

If registering a preschooler, will your child attend Holy Family School for grade school? Y N

In what public school district does child currently reside? \_\_\_\_\_

Transfer? Yes No Transfer from: \_\_\_\_\_

- Original government issued birth certificate
- Baptismal certificate (if not baptized at Holy Family)
- Proof of current immunizations prior to the first day of school

Student Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last

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

Gender: M F Age as of 9/1/2017: \_\_\_\_\_ Number of Siblings: \_\_\_\_\_ Baptism place & date: \_\_\_\_\_

1<sup>st</sup> Reconciliation place & date: \_\_\_\_\_ 1<sup>st</sup> Communion place & date: \_\_\_\_\_

Confirmation place & date: \_\_\_\_\_

Will you pay non-catholic or non-parish tuition? Yes No

Race/Ethnicity (circle all that apply): Hispanic/Latino Not Hispanic/Latino American Indian or Alaska Native Asian Black or African American  
Native Hawaiian or other Pacific Islander White

### Father information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Has parent completed Safe Environment Training? \_\_\_\_\_

### Mother information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Has parent completed Safe Environment Training? \_\_\_\_\_

(over)

**LIVING ARRANGEMENTS**

Student currently lives with (circle one): Both Parents    Father Only    Mother Only    Other (please describe): \_\_\_\_\_

If there is a Step-Parent or other Guardian, please provide that information:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

**EMERGENCY INFORMATION**

**IN CASE OF EMERGENCY (OTHER THAN PARENT)**

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**LIFE THREATENING ALLERGIES or MEDICAL CONDITION:** \_\_\_\_\_

**OTHER ALLERGIES:** \_\_\_\_\_

**Will the student have an Epi-Pen at school? Yes    No**

**Will the student have an inhaler at school? Yes    No**

**Medications (List type and reason):** \_\_\_\_\_

**Other Medical Information:** \_\_\_\_\_

Has your child ever received Special Education, Title 1 or 504 Services? YES    NO    School District: \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_