

# Holy Spirit School

Kindergarten to Grade 8 Registration Form  
2019-2020

Grade entering for 2018-2019 \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Gender M F

.....  
Date of Baptism \_\_\_\_\_ Parish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Name of Present Parish \_\_\_\_\_ Location \_\_\_\_\_

Previous School Attended \_\_\_\_\_

Name of School District \_\_\_\_\_

.....  
Parent/Guardian #1

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

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

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

Occupation \_\_\_\_\_

Religion \_\_\_\_\_

Parish \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian #2

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

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

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

Occupation \_\_\_\_\_

Religion \_\_\_\_\_

Parish \_\_\_\_\_

Email \_\_\_\_\_

Does your child have any special needs for education (such as an IEP or 504 Plan) of which you are aware, and/or is he/she presently receiving services for such? **Yes/NO** If yes, please attach a copy of such plan and an explanation of such services.

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Grade K to Grade 8 Registration Form

## Family Information

*Siblings' Names, Ages, and Grades (if applicable)*

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Racial Ethnic Designation of children attending Holy Spirit School.

*(This information is requested to help us with our statistical forms which we must fill out for the Albany Diocese and New York State. Providing this information is optional.)*

American Indian or Alaskan Native \_\_\_\_\_

Asian or Pacific Islander \_\_\_\_\_

African American \_\_\_\_\_

Caucasian \_\_\_\_\_

Other \_\_\_\_\_

\*\* Of Hispanic Origin    Yes \_\_\_\_\_    No \_\_\_\_\_

Proof of immunization and original birth certificate and baptismal certificate (if baptized) are required when registering a new student. A child cannot enter the class until all forms are on file at school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_