

Holy Spirit School
PreK-3/PreK-4 Registration Form
2017-2018

Please circle PreK-3 PreK-4
Please circle 5 full days 3 full days 5 half days

If 3 days, please specify days _____

Student's Name _____
Last First Middle

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ City _____ State _____

.....
 Date of Baptism _____ Parish _____
City _____ State _____

Name of Present Parish _____ Location _____

Previous School Attended _____

Name of School District _____

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|--|--|
| Parent/Guardian #1 _____ Address _____ _____ Home Phone _____ Work Phone _____ Cell Phone _____ Occupation _____ Religion _____ Parish _____ | 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/or an explanation of such services.

Holy Spirit School

PreK-3 Registration Form

Family Information

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

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 _____

A non-refundable deposit must accompany this form.

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

Signature: _____ Date: _____

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