

# Holy Spirit School

## PreK-4 Registration Form 2018-2019

Please circle 5 days 3 days (Tuesday, Wednesday, Thursday)

Requested Teacher (if any) \_\_\_\_\_

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 \_\_\_\_\_

.....  
Parent/Guardian #1 Parent/Guardian #2  
\_\_\_\_\_  
Address Address  
\_\_\_\_\_  
Home Phone Home Phone  
Work Phone Work Phone  
Cell Phone Cell Phone  
Occupation Occupation  
Religion Religion  
Parish Parish  
Email 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.

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### 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 \_\_\_\_\_

**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:** \_\_\_\_\_