

Holy Spirit School

Pre-K 3 Registration Form

2019-2020

REQUIREMENTS FOR ENROLLMENT: Child must be completely toilet trained. Proof of immunization, birth certificate and baptismal certificate (if baptized).

Student Name _____ Gender: M / F (Please circle)

Requested Teacher (Optional – this is a request; teachers are subject to change)

Enrollment (circle one): 5 FULL DAYS 5 HALF DAYS

3 FULL DAYS 3 HALF DAYS Circle three days: M T W TH F

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ City _____ State _____

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Date of Baptism _____ Parish _____

City _____ State _____

Present Parish _____ Location _____

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Previous Program or School Attended _____

What school district do you live in? _____

Does your child currently have an IEP? Y/N If yes, what support services are being received?

(If yes, please submit a copy of the IEP within one week of submission of this registration form)

Any developmental concerns you may have: _____

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Parent/Guardian #1

Address

Home Phone _____

Cell Phone _____

Work Phone _____

Occupation _____

Religion _____

Parish _____

Email _____

Parent/Guardian #2

Address

Home Phone _____

Cell Phone _____

Work Phone _____

Occupation _____

Religion _____

Parish _____

Email _____

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Family Information

(Siblings Names, Ages and Grades)

Racial Ethnic Designation of children enrolled (Optional.....information is used for statistical reports)

_____ American Indian or Alaskan Native

_____ Asian or Pacific Islander

_____ African American

_____ Caucasian

_____ Other (please specify) _____

** Of Hispanic Origin Yes _____ No _____