

# Holy Spirit School

Pre-K 3 Registration Form

2020-2021

**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

\*Please note that our preferred days of attendance are T, W, Th.

Address \_\_\_\_\_

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

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

.....

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

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

Present Parish \_\_\_\_\_ Location \_\_\_\_\_

.....

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: \_\_\_\_\_

**CONTINUED ON BACK →**

Parent/Guardian #1

Parent/Guardian #2

\_\_\_\_\_

\_\_\_\_\_

Address

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Parish \_\_\_\_\_

Parish \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

.....

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 \_\_\_\_\_

I give Holy Spirit School permission to use photographs taken of my child for the web site, social media, publications, and publicity material throughout the academic year, 2020-2021.

Yes

No

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

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