

**Office Use Only**

**Form Received**

Date \_\_\_\_\_

Time \_\_\_\_\_

**Reg Fee Received**

Date \_\_\_\_\_

Time \_\_\_\_\_

Check # \_\_\_\_\_

**FACTS**

Date \_\_\_\_\_

**TA**

Date \_\_\_\_\_

# Holy Spirit School

## Pre-K 3 Registration Form 2021-2022

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

Student Name \_\_\_\_\_

Gender: M F

Address \_\_\_\_\_

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

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

Parent/Guardian #1

Parent/Guardian #2

\_\_\_\_\_

\_\_\_\_\_

Address

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Parish \_\_\_\_\_

Parish \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

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

**CONTINUED ON BACK →**

Student Name \_\_\_\_\_

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

\_\_\_\_\_

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

3 FULL DAYS \*Select 3 days:    M    T    W    TH    F

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

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: \_\_\_\_\_

Allergies or health concerns you may have: \_\_\_\_\_

(Siblings Names, Ages and Grades ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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, 2021-2022.**

Yes

No

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

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