

Office Use Only

Form Received

Date _____

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Reg Fee Received

Date _____

Time _____

Check # _____

FACTS

Date _____

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Date _____

Holy Spirit School

Pre-K 4 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 (circle 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: _____