

HOLY APOSTLES SCHOOL REGISTRATION

Date: _____

Please bring your child's **original birth certificate, baptismal certificate, and immunization records.**

Please Print

Grade for Next Year _____

3K 3 Day

4K Half Day

5K Full Day

3K 5 Day

4K Full Day

CHILD'S LEGAL NAME _____
Last First Middle

Address _____

City _____ Zip _____ **Main Phone Number** _____

School Dist. _____ Gender: Male Female

Date of Birth ____/____/____ Place of Birth _____
Month Day Year City/State

Ethnic Background: Amer. Indian Asian African/Amer. Hispanic Caucasian Pacific Islander
Other _____ *(for national record keeping purposes this information is needed)*

CUSTODIAL PARENT INFORMATION:

Father's Name _____ Home Phone (____) _____

Address _____ Religion _____

Occupation _____

Place of work _____ Work Phone (____) _____

E-mail Address _____ Cell Phone (____) _____

Mother's Name _____ Home Phone (____) _____

(Maiden Name) _____

Address _____ Religion _____

Occupation _____

Place of work _____ Work Phone (____) _____

E-mail Address _____ Cell Phone (____) _____

MARITAL STATUS:

Married Single Separated Divorced Widow(er)

CHILD RESIDES WITH:

_____ Natural Parents _____ Single Parent _____ Blended Family _____ Adoptive Parents

(over)

CHILD'S SACRAMENTAL PREPARATION

Baptism _____ Parish _____, _____
Yes or No _____ City/State _____

1st Communion _____ Parish _____, _____
Yes or No _____ City/State _____

1st Reconciliation _____ Parish _____, _____
Yes or No _____ City/State _____

Parish Affiliation: Holy Apostles Date _____ SEAS Date _____ St. Luke's Date _____
Other _____ Date _____

School Last Attended _____

Address _____ City _____ State _____ Zip _____

Reason for Transfer _____

List names and ages of ALL children in your family (Oldest First)

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any SIGNIFICANT physical, medical or other restrictive conditions your child(ren) may have:

Is your child using any IEP, Service Plan, or Special Services at his/her current school system Yes No

New Family Registration Fee is \$110.00 per Family (Non-Refundable).

Parent Signature _____

Parent Signature _____

For Office Use Only

REGISTRATION FEE PAID:

DATE _____

(Make check payable to Holy Apostles School)

CHECK # _____

CASH AMOUNT _____

RECEIVED BY _____

TRANSPORTATION _____

FORMS PRESENTED: _____ BAPTISM _____ BIRTH _____ IMMUNIZATION _____ REPORT CARD(S) _____ STANDARDIZED TEST