

HOLY APOSTLES SCHOOL REGISTRATION

Date: _____

Please bring a copy of your child's **birth certificate, baptismal certificate, and immunization record.**

Please Print

Grade for Next Year _____

K5 Full day K5 Half Day

CHILD'S LEGAL NAME _____

Last

First

Middle

Address _____

Phone () _____

City _____ Zip _____ E-Mail _____

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 _____

Mother's Name _____ (Maiden Name) _____ Home Phone (____) _____

Address _____ Religion _____

Occupation _____

Place of work _____ Work Phone (____) _____

E-mail Address _____

MARITAL STATUS:

Married Single Separated Divorced Widow(er)

CHILD RESIDES WITH:

____ Natural Parents ____ Single Parent ____ Blended Family ____ Adoptive Parents

Is there a PARENT that wishes mailings? ____ Yes ____ No

Name _____ Phone _____

Address _____ City _____ State ____ Zip _____

(If mailings to a parent are desired, we ask that you submit a check for **\$25.00 made payable to Holy Apostles School**, to cover postage.) Fee Paid

(over)

CHILD'S RELIGION

Baptism _____ Parish _____, _____
Date _____ City/State _____

1st Communion _____ Parish _____, _____
Date _____ City/State _____

1st Reconciliation _____ Parish _____, _____
Date _____ City/State _____

PARISH AFFILIATION: Holy Apostles Date _____ SEAS 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 \$100.00 PER FAMILY (Non-Refundable).
CURRENT FAMILY REGISTRATION FEE IS \$75.00 PER FAMILY (Non-Refundable).**

Parent Signature _____

Parent Signature _____

For Office Use Only

REGISTRATION FEE PAID: DATE _____

(Make check payable to Holy Apostles School) CHECK # _____

_____ REGISTRATION FORM NUMBER CASH AMOUNT _____

RECEIVED BY _____

TRANSPORTATION _____

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