

# 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  Black/African Amer.  Hispanic  White  Pacific Islander  
Other \_\_\_\_\_ *(for national record keeping purposes this information is needed)*

## CUSTODIAL Parent/Guardian information:

**Parent/Guardian 1** \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

(Maiden Name) \_\_\_\_\_

Address \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_

Place of work \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian 2** \_\_\_\_\_ 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

**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  SEAS  St. Luke's  Other \_\_\_\_\_

**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 \$125.00 per Family (Non-Refundable).**

Parent Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

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For Office Use Only

**REGISTRATION FEE PAID:**

DATE \_\_\_\_\_

(Make check payable to Holy Apostles School)

CHECK # \_\_\_\_\_

CASH AMOUNT \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

**FORMS PRESENTED:** \_\_\_\_\_ BAPTISM \_\_\_\_\_ BIRTH \_\_\_\_\_ IMMUNIZATION