

Holy Ghost Catholic
Registration

Date: _____

Student

First Name	Middle	Last	Alternate Address		
Address		City/State/Zip	Home Phone		
Address		City/State/Zip	Home Phone		
Birth Date	Male/Female	Preferred Name			

Father / Guardian

Name	Cell Phone	Work Phone
Religion		
Employer		
Marital Status		

Mother / Guardian

Name	Cell Phone	Work Phone
Religion		
Employer		
Marital Status		

Child lives with: _____ both parents _____ father _____ mother _____ other _____

Requirements for attendance:

Initial **For All Day Pre-Kindergarten and Kindergarten ONLY**

_____ All Day Pre-Kindergarten our child will be at least 4 by October 15, 2011.

_____ Kindergarten our child will be 5 years old by October 15, 2011.

_____ Our child is independently toilet trained.

Who should we call if your child is sick and needs to go home?

Emergency contacts Relationship Phone number

1		
2		

OFFICE USE ONLY	Accepted: _____	Class: _____
Book fee: _____	Automatic Withdrawal form: _____	
Copy of Birth Certificate: _____		Completed Health Form: _____
Copy of Immunization records: _____		Baptismal Certificate: _____