



HOLY CHILDHOOD SCHOOL

GRADE ENTERING: _____

Kindergarten – 8th Grade REGISTRATION APPLICATION

NAME OF CHILD _____
(Last) (First) (Middle)

DATE OF BIRTH _____ PLACE OF BIRTH _____

PRESENT ADDRESS _____
(Street) (City) (Zip)

Phone Number _____

Father's Name _____ Religion _____

Father's Occupation _____

Deceased () Separated () Remarried ()

Mother's Name _____ Religion _____
(Maiden Name) (First) (Middle)

Mother's Occupation _____

Deceased () Separated () Remarried ()

Is your child Catholic? ___ Yes ___ No If no, what religion/Church? _____

Baptism of child: Date _____ Church _____ City _____

First Communion: Date _____ Church _____ City _____

Confirmation: Date _____ Church _____ City _____

Child resides with: _____ Parents ___ Mother ___
Name Father ___ Legal Guardian ___

I grant permission to forward the student's records to the new school should I transfer my child.

Parent's Signature

School last attended: _____

Address: _____

*** Acceptance at Holy Childhood School is contingent upon academic record review and consultation with previous administration. Testing may be required.**