

Holy Name Parish School
KI - Grade 6 Application Form

Kindergarten I (4 years as of Sept. 1st) _____ Half Day _____ Full Day **Kindergarten II** (5 years as of Sept. 1st) _____

Grades 1 – 6 To enter grade _____ Date of entrance _____

In Parish _____ Name on Envelope _____ Envelope # _____ Out of Parish _____ Name of your Parish _____

Child's Last Name	First	Middle		Male	Female
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Street Address	City/Town	Zip	Home Phone # _____	(Area Code and Number)
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Date of Birth _____ Place of Birth _____ Mom's Cell Phone # _____
(Month, Day, Year) (Area Code and Number) Dad's Cell Phone # _____
(Area Code and Number)

Ethnic Background _____ E-Mail Address _____

Child's Religion _____ Date of Baptism _____ Church of Baptism _____
(Month, Day, Year) City/State

Does your child have an IHP? (*Individual Health Plan*) ___ Yes ___ No

Does your child have an IEP? (*Individual Education Plan*) ___ Yes ___ No

Has your child been tested for learning problems (Private Evaluation?) ___ Yes ___ No

Speech Therapy? ___ Yes ___ No Occupational Therapy? ___ Yes ___ No

With whom does the child live? _____

Father's Name _____ Place of Birth _____ Occupation _____

Residence _____ Religion _____

Mother's Maiden Name _____ Place of Birth _____ Occupation _____

Residence _____ Religion _____

(Please see reverse side)

Guardian's Name (If applicable) _____ Place of Birth _____ Occupation _____

Residence _____ Religion _____

Previous School Experience: Pre-K _____ Day Care _____

Name of School(s) _____ Age of child while attending _____

Names of other children attending Holy Name Parish School _____

Has either parent ever attended Holy Name Parish School? _____ Father _____ Mother Years Attended _____

Was either parent a Holy Name Parish School graduate? _____ Father _____ Mother Year Graduated _____

Confidential Information:

Other language(s) spoken in the home: _____

Check where appropriate: Parents Together _____ Parents Separated _____ Parents Divorced _____

Father Remarried _____ Mother Remarried _____ Father Deceased _____ Mother Deceased _____

If mother is remarried, please designate name by which she wishes all correspondence to be addressed:

Is custody shared by both parents? _____ If not, who has full custody of the child? _____

Other Pertinent information that the custodial parent wishes to share with the school:

Office Use Only: New Family to School (\$100.00 Fee) _____ Family with other students enrolled (\$50.00 Fee) _____

Birth Certificate Copy _____ Baptismal Copy _____ Health Records _____

Mother's CORI Form _____ Father's CORI Form _____