REGISTRATION FORM

HOLY SPIRIT SCHOOL

PUPIL'S NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____ **TELEPHONE NO.:** _____

E-MAIL ADDRESS: _____

PARISH: _____ **PLACE OF BIRTH:** _____

PARENT'S MARITAL STATUS: _____

LANGUAGE SPOKEN AT HOME: _____

FATHER'S INFORMATION:

LAST NAME	**FIRST**	**MI**	**RELIGION**	**OCCUPATION**	**PLACE OF BIRTH**

MOTHER'S INFORMATION: **MAIDEN NAME:** _____

LAST NAME	**FIRST**	**MI**	**RELIGION**	**OCCUPATION**	**PLACE OF BIRTH**

SACRAMENTS	CHURCH	ADDRESS	DATE
BAPTISM			
FIRST COMMUNION			
PENANCE			
CONFIRMATION			

DATE ENTERED SCHOOL:_____

TRANSFERRED FROM: _____
SCHOOL **CITY** **STATE**

PERSON TO CALL IN CASE OF EMERGENCY:

_____
NAME OF PERSON **RELATIONSHIP** **TELEPHONE NUMBER**