

Holy Family Cathedral School  
Application Form  
2017-2018



Date \_\_\_\_\_ Primary Phone # \_\_\_\_\_ 2017/2018 Grade \_\_\_\_\_

Child's Legal Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Mo/Day/Yr) Place of Birth \_\_\_\_\_ (City/State)

Parish \_\_\_\_\_

Family/Relative in School (yes/no) \_\_\_\_\_ (Relationship) \_\_\_\_\_

Home Condition:	
Single Parent _____	Married _____ Separated _____ Divorced _____ Remarried _____ Deceased Parent _____
Child Living With:	
Mother _____	Father _____ Stepparent _____ Guardian _____
Joint Custody _____	Parent with primary responsibility _____ Primary Language Spoken at Home _____

School child most recently attended: \_\_\_\_\_

School Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Has your child attended special services in the past or exhibit any learning or behavior difficulties? (i.e. resource, special education, speech/language, inclusion program, program modification) yes _____ no _____
Explain: _____

Record of Sacraments Received: <b>(Please attach copy of certificates)</b>
Baptism: <input type="checkbox"/> yes <input type="checkbox"/> no Reconciliation: <input type="checkbox"/> yes <input type="checkbox"/> no First Eucharist: <input type="checkbox"/> yes <input type="checkbox"/> no

Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birthplace \_\_\_\_\_ (City/State) Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birthplace \_\_\_\_\_ (City/State) Email \_\_\_\_\_