

Holy Family Cathedral School
Application Form
2018-2019



Date _____ Primary Phone # _____ 2018/2019 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: (Please attach copy of certificates)		
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 _____