

Holy Family Cathedral School
Application Form
2020-2021



Date _____ Primary Phone # _____ 2020/2021 Grade _____

Child's Legal Last Name _____ First Name _____ Middle Name _____

Home Address _____ City _____ Zip _____

Date of Birth _____ Place of Birth _____
(Mo/Day/Yr) (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 _____

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|--|
| 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 _____ Email _____
(City/State)

Mother's Name _____ Maiden Name _____ **Business Phone** _____

Religion _____ Cell Phone _____

Birthplace _____ Email _____
(City/State)