

*HolyFamilyCathedralSchool*  
*Application Form*  
*2019-2020*



Date \_\_\_\_\_ Primary Phone # \_\_\_\_\_ 2019/2020 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 _____	<b>Primary Language Spoken at Home</b> _____

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: _____

<b>Record of Sacraments Received: (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 \_\_\_\_\_