

WAIT LIST STUDENT REGISTRATION FORM

2009-2010

HOLY FAMILY CATHOLIC SCHOOL

5129 S. Apopka Vineland Road, Orlando FL 32819

(407) 876-9344

Fax (407) 876-8775

Student Name: _____

Entering Grade: _____

Present Grade: _____

Home Phone: _____

Place of Birth: _____

Date of Birth: _____

Student Religion: _____

Male/Female: _____

Date of Baptism: _____

Date of Eucharist: _____

Student Address: _____

National Origin: (please check below)

Student City: _____

___ American Indian/Native Alaskan ___ Asian ___ Multi-racial

Student State/Zip: _____

___ Native Hawaiian/Pacific Islander ___ White ___ Black ___ Hispanic

Family Parish: _____

Language spoken in the home: _____

Parents/guardians are registered and supporting members of (name of parish): _____

Do you want your name, address, phone # and e-mailed address published in the school directory? Please circle one. **(yes/no)**

Family E-Mail address(es) to receive school information: 1. _____ 2. _____

CONTACT INFORMATION

FATHER OF STUDENT

Name: _____

Relation to Student: _____

Address: _____

City/State/Zip: _____

Employer: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

THIRD CONTACT

Name: _____

Relation to Student: _____

Address: _____

City/State/Zip: _____

Employer: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

EMERGENCY CONTACT (if parent cannot be reached)

Name: _____

Relation to Student: _____

Address: _____

City/State/Zip: _____

Employer: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

MOTHER OF STUDENT

Name: _____

Relation to Student: _____

Address: _____

City/State/Zip: _____

Employer: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

FOURTH CONTACT

Name: _____

Relation to Student: _____

Address: _____

City/State/Zip: _____

Employer: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

EMERGENCY CONTACT (if parent cannot be reached)

Name: _____

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Employer: _____

Home Phone: _____

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Student Name:

CHECK ANY THAT APPLY:

Student lives with: both parents mother father guardian

Parents separated: Y / N Father remarried: Y / N Father deceased: Y / N

Parents divorced: Y / N Mother remarried: Y / N Mother deceased: Y / N

Has your child ever been retained? Y / N

Does your child have any special needs such as: Enrichment Resources Program Other?

Please specify:

SIBLING INFORMATION

Name and grade of sibling(s) attending Holy Family Catholic School during the 2008-2009 school year:

<u>Name</u>	<u>Grade</u>

DISMISSAL INFORMATION

Please place an "x" next to the appropriate response:

My child will:

Walk:

Go to Extended Day:

Ride a bike:

Ride home in the family car:

My child participates in a car pool with the following students: _____

(student/grade)

I acknowledge that all above information is correct.

Parent/Guardian Signature: _____ **Today's Date:** _____

Parent/Guardian Name (please print): _____

