



PROSPECTIVE STUDENT REGISTRATION FORM

2010-2011

HOLY FAMILY CATHOLIC SCHOOL

5129 S. Apopka Vineland Road, Orlando FL 32819

(407) 876-9344

Fax (407) 876-8775

Student Name:	Entering Grade:
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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:	<input type="checkbox"/> Anglo <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> African-American
Student State/Zip:	<input type="checkbox"/> Native American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other
Language spoken in home: _____	
Parents/guardians are registered and supporting members of (name of parish, city, address): _____	

Father's Name:	Mother's Name:
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Address:	Address:
City/State/Zip:	City/State/Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
E-Mail Address:	E-Mail Address:
<i>Employer:</i>	<i>Employer:</i>
<i>Work Phone:</i>	<i>Work Phone:</i>

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: _____

Name and grade of sibling(s) attending Holy Family Catholic School:

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



I acknowledge that all above information is correct.

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

Parent/Guardian Name (please print): _____