



Holy Spirit School
 1760 Lodge Ave.
 Evansville, IN 47714
 812-477-9082
 www.annunciationangels.org

Office use only
 Date Rec'd _____
 Deposit _____
 Records Release _____
 Birth Cert. _____
 Bapt. Cert. _____
 Physical _____

APPLICATION FORM

TO THE PARENT/GUARDIAN: The information requested is needed to process you application. Registration will be finalized only after the necessary records have been received from the previous school or parent/guardian and the requested fees have been paid. Please return to school office. *Application to Holy Spirit Catholic School does not guarantee enrollment.*

DATE: _____ SCHOOL YEAR: _____

STUDENT NAME: _____
 (LAST) (FIRST) (MIDDLE)

ADDRESS: _____
 (STREET) (CITY) (STATE) (ZIP)

HOME PHONE: _____ CELL PHONE Mother: _____ CELL PHONE Father: _____

EMAIL ADDRESS Mother: _____ EMAIL ADDRESS Father: _____

GRADE TO BE ENROLLED: _____ AGE: _____ MALE / FEMALE: _____

PRIMARY LANGUAGE SPOKEN IN HOME: _____

ETHNICITY: American Indian/Alaska Native Black Asian Hispanic Ethnicity and of any race White
 Multicultural Native Hawaiian or Other Pacific Islander

	<u>Date MM/DD/YY</u>	<u>Church</u>	<u>City/State</u>
Student's Birth		N/A	
Student's Baptism			
Student's First Communion			
Student's Confirmation			

PARISH NOW REGISTERED: _____
 IF NOT CURRENTLY REGISTERED AT [Annunciation Parish](#), DO YOU INTEND TO REGISTER AT [Annunciation](#)? YES NO

CURRENT or PREVIOUS SCHOOL OR PRE-SCHOOL: _____

STUDENT LIVES WITH: _____ Both Parents _____ Mother Only _____ Father Only _____ Other _____

PARENT'S MARITAL STATUS: _____

	<u>Name</u>	<u>Street Address</u>	<u>City/State</u>	<u>Zip</u>	<u>Religion</u>
Father					
Mother					

Mother's Occupation _____ Father's Occupation _____

Referring Family _____

SIGNATURE: _____ RELATIONSHIP TO STUDENT: _____