

Holy Savior School **Student Registration**

Student Name _____ Telephone _____

Mailing Address _____ City/Zip _____

Residence (if different from mailing address)

Street _____ City/Zip _____

Date of Birth _____ Place of Birth _____

Name of last school attended (if applicable) _____

Address _____ Grade _____

E-mail address _____

Registration for school year ____ - ____

Mother/Step Mother (inc. maiden name)	Father/Step Father
Residence (if different from above)	Residence (if different from above)
Language in the home	Language in the home
Specific Occupation	Specific Occupation
Employer	Employer
Parent's Education/Last Grade Completed	Parent's Education/Last Grade Completed
Religion Church Affiliation Envelope Number	Religion Church Affiliation Envelope Number
Is This Child Baptized? Yes _____ No _____	If Baptized, Date of Baptism

Marital Status: Married ____ Separated ____ Divorced ____ Widowed ____ Single ____

With whom does the student reside? _____

Number of children in the family Boys' Ages _____ Girls' Ages _____

Number of children living at home _____

Have any children living with you ever attended Holy Savior School? _____

If yes, names of children and dates attended _____

Do you have any school age children not attending Holy Savior School? ____

Has your child had **any special services or referrals for special services** in the past such as speech, Title I, ESI, Resource Room, Occupational Therapy, a current IEP, etc?
Please specify.

Do you have any special concerns regarding your child's academic progress?

Is there any information that you feel would be helpful for us to know in order to best meet your child's needs in his/her spiritual, social, emotional and/or moral development?
Please specify.

Is there any medical information that you feel we should be made aware of to help us meet your child's needs?

Are there any custody issues we should be made aware of?

Referral Form

If you are registering your children because a family from Holy Savior School recommended you, that family could qualify for a savings through our referral program. Please tell us who they are by signing their name below:

_____ was responsible for helping us make the decision to enroll our children to Holy Savior School.