

**HOLY SPIRIT CATHOLIC SCHOOL**

**540 N. 7<sup>th</sup>**

**Pacatawa, ID 83201**

**(208) 232-5763**

**WAITING LIST REGISTRATION**

DATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

SIBLINGS YOU DESIRE TO ATTEND HOLY SPIRIT CATHOLIC SCHOOL:

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

CATHOLIC \_\_\_ YES \_\_\_ NO (IF YES, IN WHICH PARISH ARE YOU REGISTERED?) \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ HOME PHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK PHONE NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ HOME PHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK PHONE NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ALTERNATE CONTACT PERSON: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**\*\*\*PLEASE NOTE THAT PLACEMENT ON THE WAITING LIST CANNOT BE COMPLETED UNTIL THE SCHOOL HAS RECEIVED THIS FORM.**

Please keep Holy Spirit Catholic School notified of changes in address, telephone number and other pertinent information by calling us at (208) 232-5763.

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FOR OFFICE USE ONLY:

Opening Offered: \_\_\_\_\_ Accepted \_\_\_\_\_ Refused

Date Offered: \_\_\_\_\_

Attempted Contact \_\_\_\_\_ (Date)

2<sup>nd</sup> Attempt \_\_\_\_\_ (Date) 3<sup>rd</sup> Attempt \_\_\_\_\_ (Date)