



**2019-20 PRE-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. \_\_\_\_\_

\_\_\_\_\_

(To be used when we are unable to contact parent(s).)

I understand that by paying the registration fees and submitting this form, I am making a formal commitment to Holy Spirit Catholic School for the 2019-20 school year. I understand that the registration fees are non-refundable.

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Name

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Date