



Holy Family Parish School
2026-2027
Registration Application

<input type="checkbox"/>	Present Family
<input type="checkbox"/>	New Family

STUDENT INFORMATION:

Student's Family Name _____

Student's First Name _____ Sex ___M ___F DOB _____

Child's Race _____ Child's Ethnicity _____

Grade for 2026-2027 _____ Has your child been baptized? ___Yes ___No

If yes, where and when was your child baptized? _____

*Has your child been diagnosed with special needs/learning disability? ___Yes ___No

If yes, please fill out the additional form, **Educational and Medical Needs Form**.

Student's First Name _____ Sex ___M ___F DOB _____

Child's Race _____ Child's Ethnicity _____

Grade for 2026-2027 _____ Has your child been baptized? ___Yes ___No

If yes, where and when was your child baptized? _____

*Has your child been diagnosed with special needs/learning disability? ___Yes ___No

If yes, please fill out the additional form, **Educational and Medical Needs Form**.

(For additional students- please use the back of this form)

Father _____ **Mother** _____ (**Step Parent** _____)

Address _____ **City** _____ **State** _____ **Zipcode** _____

Mom's Cell _____ **Occupation/Place of Employment** _____

Mother's email address: _____

Father's Cell _____ **Occupation/Place of Employment** _____

Father's email address: _____

Religion _____ **Parish:** ___ Holy Family Other _____
 (Parish's Name)

SECOND FAMILY NAME _____

Father _____ **Mother** _____ (**Step Parent** _____)

Address _____ **City** _____ **State** _____ **Zipcode** _____

Mom's Cell _____ **Occupation/Place of Employment** _____

Mother's email address: _____

Father's Cell _____ **Occupation/Place of Employment** _____

Father's email address: _____

Religion _____ **Parish:** ___ Holy Family Other _____
 (Parish's Name)

Additional Students:

Student's First Name _____ Sex ___M ___F DOB _____

Child's Race _____ Child's Ethnicity _____

Grade for 2026-2027 _____ Has your child been baptized? ___Yes ___No

If yes, where and when was your child baptized? _____

*Has your child been diagnosed with special needs/learning disability? ___Yes ___No

If yes, please fill out the additional form, ***Educational and Medical Needs Form.***

Student's First Name _____ Sex ___M ___F DOB _____

Grade for 2024-2025 _____ Has your child been baptized? ___Yes ___No

If yes, where and when was your child baptized? _____

*Has your child been diagnosed with special needs/learning disability? ___Yes ___No

If yes, please fill out the additional form, ***Educational and Medical Needs Form.***

Student's First Name _____ Sex ___M ___F DOB _____

Child's Race _____ Child's Ethnicity _____

Grade for 2026-2027 _____ Has your child been baptized? ___Yes ___No

If yes, where and when was your child baptized? _____

*Has your child been diagnosed with special needs/learning disability? ___Yes ___No

If yes, please fill out the additional form, ***Educational and Medical Needs Form.***

Student's First Name _____ Sex ___M ___F DOB _____

Child's Race _____ Child's Ethnicity _____

Grade for 2026-2027 _____ Has your child been baptized? ___Yes ___No

If yes, where and when was your child baptized? _____

*Has your child been diagnosed with special needs/learning disability? ___Yes ___No

If yes, please fill out the additional form, ***Educational and Medical Needs Form.***
