



HOLY ANGELS CATHOLIC ELEMENTARY SCHOOL

230 North 8th Avenue • West Bend, WI 53095
(262) 338-1148 www.has.pvt.k12.wi.us

Office use only:

Date Received: _____

GENERAL INFORMATION:

Student's Name: _____
Last First Middle

Address: _____
Number/P.O. Box/Street

City/State/Zip Code

Email: _____

Student's Religion: _____

Ethnic Background:

Parish Membership: _____

____ American Indian/Native Alaskan ____ White
____ Black ____ Hispanic ____ Multi-racial
____ Asian ____ Native Hawaiian/Pacific Islander

FAMILY INFORMATION:

Father's Name: _____
Last First Middle

Father's Date of Birth: _____

Father's Religion: _____

Father's Employer: _____

Mother's Name: _____
Last First Middle (Maiden)

Mother's Date of Birth: _____

Mother's Religion: _____

Mother's Employer: _____

REGISTRATION FORM: K4 PROGRAM

Date of Birth: _____ M/ ____ F

Place of Birth: _____
(City/State)

Telephone Number: _____

Occupation: _____

Place of Birth: _____

Education Level: _____

Telephone Number (work): _____

Occupation: _____

Place of Birth: _____

Education Level: _____

Telephone Number (work): _____

If there is a divorce or legal separation, which parent has legal custody of the child? Father Mother Joint Custody

If neither parent has custody, who does have custody? _____

If either parent is restricted from having contact with child, please explain: _____

If this is a "blended family" which includes persons other than the child's natural parents, please briefly describe: _____

If the student has received medical or psychological attention (other than routine examinations), please explain: _____

The child's siblings are:

<u>Name</u>	<u>Birthdate</u>	<u>Is the sibling presently living at home?</u>
_____	_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No

SESSION SELECTION:

Please indicate first choice of a session with a (1) and your second choice with a (2):

5-day Full Day (7:45-2:50) 5-day Half Day (7:45-11:15)

I am interested in the extended care program (full day only).

ATTESTATION:

I certify and attest that the above information and statements are complete and accurate to the best of my knowledge and belief.

Signature of Father/Legal Guardian

Signature of Mother/Legal Guardian

Date: _____

Date: _____