



**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: _____

Priority: _____

REGISTRATION FORM: NEW STUDENT

rev: 7-18

GENERAL INFORMATION:

Student's Name: _____
Last First Middle

Grade Entering: _____ M/ _____ F

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

Telephone Number: _____
(Home)

_____ City/State/Zip Code

Miles From School: _____
(Approx.)

Email: _____

Date of Birth: _____ Place of Birth: _____ (City, State)

Ethnic Background: _____ American Indian/Native Alaskan _____ White
_____ Black _____ Hispanic _____ Multi-racial
_____ Asian _____ Native Hawaiian/Pacific Islander

Date of Entrance: _____

FAMILY INFORMATION:

Father's Name: _____
Last First Middle

Occupation: _____

Father's Date of Birth: _____

Place of Birth: _____

Father's Religion: _____

Education Level: _____

Father's Employer: _____

Telephone Number (work): _____

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

Occupation: _____

Mother's Date of Birth: _____

Place of Birth: _____

Mother's Religion: _____

Education Level: _____

Mother's Employer: _____

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: _____

_____.

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
_____	_____	<input type="checkbox"/> Yes / <input type="checkbox"/> No

RELIGIOUS INFORMATION / PARISH PARTICIPATION:

Student's Religion: _____

Sacraments:	Baptism:	Yes / No	Date: _____	Church/City: _____
	Eucharist:	Yes / No	Date: _____	Church/City: _____
	Reconciliation:	Yes / No	Date: _____	Church/City: _____

Note: Entering kindergartners must have a copy of their baptismal certificate attached to this Registration Form.

Transfer students (grades 1-8) must have a copy of all sacramental certificates, if applicable, attached to this Registration Form.

Parish Where Family Is Registered (Church/City): _____

Date of Parish Registration (Month/Year): _____

What parish activities or ministries have members of your family been active in? List: _____

How frequently do you attend Mass at Holy Angels? Almost every week About twice a month
 About once a month Seldom

PRIOR EDUCATIONAL SUPPORT:

Did the child ever receive, or was he/she ever recommended for, special education testing or services? ___ Yes ___ No

If yes, check all that apply: ___ Psychological testing in grade(s) _____. ___ Individual ability testing in grade(s) _____.
___ Special services in grade(s) _____. ___ Tutoring in grade(s) _____.
___ Speech/language services in grade(s) _____. ___ Other: _____.

List any significant physical limitations: _____

Name and Address of school last attended: _____

Reasons for seeking enrollment at Holy Angels School: _____

PARENTAL AGREEMENT:

I understand that Holy Angels is a Catholic school, established and subsidized by members of Holy Angels Parish for the purpose of assisting Catholic parents in fulfilling their primary responsibility as “the first and foremost catechists of their children” (NCD 212). As parent, I ask that the above named student be enrolled at Holy Angels School for the 20____-20____ school year. I agree to live my faith to the best of my ability, to participate at Mass regularly and provide the necessary opportunities for my child who is enrolled at Holy Angels School to do the same. I further agree to support the guidelines found in the current Family Handbook, to ensure that my child will complete all assignments, to give the teacher whatever support is necessary, to participate in all parent conferences as requested, and to accept responsibility for payment of tuition and fees on a timely basis.

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: _____