HOLY FAMILY PARISH SCHOOL GRADES 1-8 RE-REGISTRATION FORM

Please print all information. School Year _____

Father's Last Name _____ First Name _____ Initial _____ Religion _____ Occupation _____

Father's Address _____ City _____ State _____ Zip Code _____ Area Code - Home Phone Number _____

Mother's Last Name _____ First Name _____ Initial _____ Maiden Name _____ Religion _____ Occupation _____

Mother's Address _____ City _____ State _____ Zip Code _____ Area Code - Home Phone Number _____

Child lives with _____ Father & Mother _____ Father _____ Mother _____ Legal Guardian-Name(s) _____

If parents are divorced, who has legal custody? _____ Father _____ Mother _____ Joint Custody

E-mail address: _____ (for school office use only)
** Is either parent an employee of an Archdiocesan Catholic School? _____Yes If yes, as an employee of a Milwaukee Archdiocesan Catholic School, your family is eligible for a tuition discount. Please contact the School Office for an application.

_____ I am/We are registered members of Holy Family Parish. We have signed and returned an Annual Registration & Stewardship Form.
_____ I am not/We are not registered members of Holy Family Parish. _____ I am/We are interested in becoming member(s) of Holy Family Parish. **Please call 332-9220 to join the Parish.**

Student's Last Name _____ First Name _____ Initial _____ Male/Female _____ Upcoming Grade _____

Ethnic Data: ___White ____Black _____Hispanic ___Native Hawaiian/Pac. Islander ____Amer. Indian/Alaskan ____ Multi Racial ____ Asian

Date of Birth _____

Student's Last Name _____ First Name _____ Initial _____ Male/Female _____ Upcoming Grade _____

Ethnic Data: ___White ____Black _____Hispanic ___Native Hawaiian/Pac. Islander ____Amer. Indian/Alaskan ____ Multi Racial ____ Asian

Date of Birth _____

Student's Last Name _____ First Name _____ Initial _____ Male/Female _____ Upcoming Grade _____

Ethnic Data: ___White ____Black _____Hispanic ___Native Hawaiian/Pac. Islander ____Amer. Indian/Alaskan ____ Multi Racial ____ Asian

Date of Birth _____

Student's Last Name _____ First Name _____ Initial _____ Male/Female _____ Upcoming Grade _____

Ethnic Data: ___White ____Black _____Hispanic ___Native Hawaiian/Pac. Islander ____Amer. Indian/Alaskan ____ Multi Racial ____ Asian

Date of Birth _____

A non-refundable $75.00 registration fee FOR EACH CHILD MUST accompany this completed form. Fee applicable to tuition.

Signature of Parent/Legal Guardian _____ **Date** _____

OFFICE
USE ONLY: _____ Date Received _____ Cash or Check Number _____ Date of Check _____ Amount Received _____ Initials