

HOLY FAMILY PARISH SCHOOL GRADES 1-8 REGISTRATION FORM

Please print all information.

School Year: _____

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

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

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

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

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

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

Family Mailing Name: _____ Business Phone: Father _____ Mother _____

E-mail address: _____

**Is either parent an employee of an Archdiocesan Catholic School? _____ Yes (If yes, see reverse.)

_____ 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 for Parish member information.**

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

 Student's Present School School Address City State Zip Code

Ethnic Date: _____ White _____ Black _____ Hispanic _____ Hawaii/Pac. Islander _____ American Indian/Alaskan _____ Multi Racial _____ Asian

 Date of Birth City of Birth State Zip Code

 Date of Baptism Baptismal Church City State Zip Code

Date of First Communion: _____ Date of First Reconciliation: _____

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

 Student's Present School School Address City State Zip Code

Ethnic Date: _____ White _____ Black _____ Hispanic _____ Hawaii/Pac. Islander _____ American Indian/Alaskan _____ Multi Racial _____ Asian

 Date of Birth City of Birth State of Birth Zip Code

 Date of Baptism Baptismal Church City State Zip Code

Date of First Communion: _____ Date of First Reconciliation: _____

Signature of Parent/Legal Guardian

Date

***A non-refundable \$75.00 registration fee FOR EACH CHILD must accompany this completed form. This fee is applicable to tuition. Registration for additional children on reverse.**

Office Use Only: _____

Date Received Cash or Check Number Date of Check Amount Received Received By

Please print all information.

A non-refundable \$75.00 registration fee for each child MUST accompany this completed form. Fee applicable to tuition.

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Student's Present School School Address City State Zip Code

Ethnic Date: ____ White ____ Black ____ Hispanic ____ Hawaii/Pac. Islander ____ American Indian/Alaskan ____ Multi Racial ____ Asian

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** 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.