

# Holy Family Elementary School

Diocese of Rochester

Department of Catholic Schools

Current Student Re-registration Form 2020-2021

Date of Registration \_\_\_\_\_

Entering Grade (2020-2021) \_\_\_\_\_

**Please Print**

Student Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

*Last Name*

*First Name*

*MI*

Address \_\_\_\_\_ Home Phone (      ) \_\_\_\_\_

*Street*

Cell Phone (      ) \_\_\_\_\_

Public school district where student resides \_\_\_\_\_

*City/Town* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_

(Kindergarten students must be five by Dec. 1, 2019)

(City/Town)

(State)

Please Check one:

American Indian/ Black or Asian or Native Pacific/ Multi-  
Alaskan Native \_\_\_\_\_ African American \_\_\_\_\_ Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Racial \_\_\_\_\_

Is the student Hispanic, Latino or of Spanish origin (a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race)? No \_\_\_\_\_ Yes, Hispanic \_\_\_\_\_

If birthplace was not the United States, please give the date & location the student was first enrolled in a US School  
Date \_\_\_\_\_ Location \_\_\_\_\_ Number of Years in US Schools \_\_\_\_\_

Does the student have a: 504 Plan \_\_\_\_\_ IEP \_\_\_\_\_ Receive Academic Intervention Services? \_\_\_\_\_

Child lives with \_\_\_\_\_ Relationship to student \_\_\_\_\_

*Parent/Guardian (as you wish your name to appear on official communication)*

*(Circle One)*

M/M Dr. Mr. Mrs. Miss Ms. \_\_\_\_\_

Last Name

First

MI

Mailing Address \_\_\_\_\_ Phone (      ) \_\_\_\_\_

*Street*

*City/Town*

*State*

*Zip*

Email Address \_\_\_\_\_

Please print

Student's Religion \_\_\_\_\_ Family registered in \_\_\_\_\_ Parish/Church \_\_\_\_\_

Baptism: Date \_\_\_\_\_ Church \_\_\_\_\_ Location \_\_\_\_\_

First Penance: Date \_\_\_\_\_ Church \_\_\_\_\_ Location \_\_\_\_\_

First Eucharist: Date \_\_\_\_\_ Church \_\_\_\_\_ Location \_\_\_\_\_

Confirmation: Date \_\_\_\_\_ Church \_\_\_\_\_ Location \_\_\_\_\_

**OFFICE USE ONLY:**

**VALIDATION OF RECORDS**

**Birth Certificate** \_\_\_\_\_

**Baptismal Record** \_\_\_\_\_

**Official School Records** \_\_\_\_\_

**Immunization Record** \_\_\_\_\_

**Student ID #** \_\_\_\_\_

**Proof of Residency** \_\_\_\_\_

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## FAMILY INFORMATION

(complete the information for both mother , father and/or legal guardian)

FATHER	MOTHER (Maiden Name)	LEGAL GUARDIAN		
<b>Name: First</b> _____	_____			
Last _____				
M I _____				
<b>Address: Street</b> _____				
City/Town _____				
State/Zip _____				
<b>Birthplace</b> _____				
<b>Birthdate</b> _____				
<b>Religion</b> _____				
<b>Citizenship (Country)</b> _____				
<b>Education: Last Grade Completed in School</b> _____				
<b>Occupation</b> _____				
<b>Place of Business</b> _____				
<b>Address</b> _____				
<b>Business Phone</b> _____				
<b>Cell Phone</b> _____				
<b>Other Language(s) spoken in home</b> _____				
<b>CHECK ALL THAT APPLY:</b>				
Married _____				
Widowed (give date) _____				
Divorced _____				
Separated _____				
Remarried _____				
Single _____				
<b>Other children in the family:</b>				
Name(s):	Last	First	Date of Birth	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____