Holy Spirit School 2024-2025 Inquiry Form

Parent's Last Nam	e	Parent's First	Name	
Home Phone	, W	ork Phone		
Mailing Address _	Street			
City	State	e	Zip Code	natroceres, filosofic el cer
Preferred e-mail ac	ddress			
Has your child eve	er been tested for Specia	al Education Needs?	YESNO	
If so, please provid	le a copy of the evaluat	ion results.		
For grades 1st-8th, test scores.	, please provide a copy	of most-recent Repor	t Card and standardize	ed .
What church do yo	ou currently attend?			
In what church wa	s your child baptized?			
	ts attending a Catholic gainst all standard child			
For Pre-K Only				
Child's Name	Date	of Birth		
Pre-K Class Time AM 8:30-11:30	-			
attend.	e 4 years old before Septem need to stay in our "Lunch E time period)			ì
For Kindergarter	1 - 8 th Grade			
Child's Name	Entering Grade	Current School	Date of Birth	
Child's Name	Entering Grade	Current School	Date of Birth OV	VER