



HOLY CHILD CATHOLIC SCHOOL

19 CAMINO DE SANTO NINO • TIJERAS, NM 87059 • 505.281.3077

HOLY CHILD CATHOLIC SCHOOL APPLICATION FORM

Father's Name: _____

Mother's Name: _____

Home Address: _____

Mailing Address: _____

Home Phone: _____

Father's Cell: _____

Mother's Cell: _____

Parents' Status (circle one):

Single parent Married Divorced Remarried Deceased (mother/father)

Step Parent or Guardian: _____

Parents' Religion: Father _____ Mother _____

Are you registered in the Parish? (Circle) YES NO

If you are not registered at Holy Child, what is your parish? _____

Names of Children	Age/Date of Birth	Grade This Fall

List the last school your child/children attended: _____

Address: _____

Does your child have special needs? _____