



# HOLY CHILD CATHOLIC SCHOOL

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## HOLY CHILD CATHOLIC SCHOOL APPLICATION FORM

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Parents' Status (circle one):

Single parent  Married  Divorced  Remarried  Deceased mother  Deceased father

Step Parent or Guardian: \_\_\_\_\_

Parents' Religion: Father \_\_\_\_\_ Mother \_\_\_\_\_

Are you registered in the Parish?  Yes  No

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

<b>Names of Children</b>	<b>Age/Date of Birth</b>	<b>Grade This Fall</b>

List the last school your child/children attended: \_\_\_\_\_

Address: \_\_\_\_\_

Does your child have special needs? \_\_\_\_\_