

Enrollment Application

Holy Guardian Angels Regional School

Date:	
Please PRINT all informat	ion.

STUDENT IN	FORMATION	ON		-				
Name:	Last		First			Middl	e	○Male ○Female
Religious Affiliation	I:		Parish:			Grad	de student will b	e entering:
Date of Birth:	_//	Place of Birth	i:			Social Security No.	OPTIO	
	-		city vaiian / Pacific Islander (O Native American		White
			Other: Relationship				1:	
Parent / Guardian:							(MUST PROVIE	DE COURT PAPERS)
r arone, odaraiarii								
Name		Street	City	State	Zip	Home Phone No.	Ce	ll Phone No.
If parents are NOT living	together – Secon	nd Parent:						
Name		Street	City	State	Zip	Home Phone No.	Ce	II Phone No.
Public School District	of Residence:		School Last Attended	d:	City	Fr	om Grade:	to Grade
FOR CATHO		^ A NITS		Name	City	State		
FOR CATHO	LIC APPLI	CANTS						
	DATE		CHU	RCH		(CITY & STATE/CC	UNTY
Baptism	//							
Reconcilliation	//							
First Eucharist	//							
Confirmation	//							
Parish currently	registered at	?						
	LICTLACT	7 CCHOOL C THE C	TUDENT HAS PREVIOUSLY	ATTENDE	ED.	CDA	ADE(S)	VE A D(C)
	LIST LAST	3 SCHOOLS THE ST	TODENT HAS PREVIOUSLY	ALTENDE	:U	UR <i>F</i>	ADE(3)	YEAR(S)
FAMILY INFO	ORMATION							
	FIRST & LAST N	IAME	ADDRESS CITY, STATE, ZIP		HOME PHONE/ WORK PHONE	PLACE OF EMPLOYMENT	E	MAIL
FATHER								
MOTHER								

FAMILY INFORMATION CONTINUED

	FIRST & LAST NAME	ADDRESS, CITY, STATE, ZIP	HOME PHONE/ WORK PHONE	PLACE OF EMPLOYMENT	EMAIL
STEP-PARENT					
OTHER					
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OTHER CHILDREN LIVING IN HOME: FIRST & LAST NAME	SCHOOL	BIRTH DATE

OTHER INFORMATION

The following information is VERY beneficial to the academic, emotional, social and long-term success of a student during his / her school years. You are not required to complete any of this section, but full disclosure will ensure immediate consideration to those areas that can enhance his / her success. All information will remain highly confidential.

Please check NO or YES if the student has received any of these services. If YES, please briefly describe and provide dates. Please attach any additional information.

Special Educational Program:	○ NO	O YES:
Early Intervention Program:	O NO	
		→ YES:
		• YES:
		OYES:
3 3		
S		○YES:
Other:		

By placing my / our signature(s) below, I / we verify that all information is accurate and complete. I / we realize that failure to provide accurate information about the student may jeopardize enrollment at Holy Guardian Angels Regional School. I / we further verify that no information has been omitted AND if any of the information changes at any time I / we will notify the school.

Signature of Parent / Guardian	Please Print Name	Date
Signature of Parent / Guardian	Please Print Name	Date

ALL ADMISSIONS ARE AT THE DISCRETION OF THE PRINCIPAL.

A NON-REFUNDABLE REGISTRATION FEE OF \$150 IS DUE PRIOR TO PROCESSING.

Check No.

Official Start Date

Inspire · Discover · Believe

Holy Guardian Angels Regional School

○ Enrollment Accepted.○ Enrollment Provisionally Accepted.○ Enrollment Denied.

FOR SCHOOL USE ONLY

Principal Signature

Date