



Holy Guardian Angels Regional School

Enrollment Application

Date: _____

Please **PRINT** all information.

STUDENT INFORMATION

Name: _____
Last First Middle Male Female

Religious Affiliation: _____ Parish: _____ Grade student will be entering: _____

Date of Birth: ____/____/____ Place of Birth: _____ City State Social Security No. _____
Month Day Year **OPTIONAL**

Race / Ethnicity of Student: Asian Black Hawaiian / Pacific Islander Hispanic Multiracial Native American / Alaskan White

Student lives with: Both Parents Mother Father Other: Relationship _____ Legal Custody with: _____
(MUST PROVIDE COURT PAPERS)

Parent / Guardian:

Name Street City State Zip Home Phone No. Cell Phone No.

If parents are NOT living together – Second Parent:

Name Street City State Zip Home Phone No. Cell Phone No.

Public School District of Residence: _____ School Last Attended: _____ Name City State From Grade: _____ to Grade _____

FOR CATHOLIC APPLICANTS

	DATE	CHURCH	CITY & STATE/COUNTY
Baptism	___ / ___ / ___		
Reconcilliation	___ / ___ / ___		
First Eucharist	___ / ___ / ___		
Confirmation	___ / ___ / ___		
Parish currently registered at?			

LIST LAST 3 SCHOOLS THE STUDENT HAS PREVIOUSLY ATTENDED	GRADE(S)	YEAR(S)

FAMILY INFORMATION

	FIRST & LAST NAME	ADDRESS CITY, STATE, ZIP	HOME PHONE/ WORK PHONE	PLACE OF EMPLOYMENT	EMAIL
FATHER					
MOTHER					
STEP-PARENT					

CONTINUED ➔

