

HOLY FAMILY NEW STUDENT RESERVATION FORM

CHILD'S NAME: \_\_\_\_\_  
Last First Middle

BIRTH: \_\_\_\_\_  
Month Day Year Birth City Birth State

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
Street City, St, Zip

RELIGION: \_\_\_\_\_ SEX \_\_\_\_\_ REGISTERED MEMBERS OF: \_\_\_\_\_  
(Parish)

GRADE YOU'RE SIGNING CHILD UP FOR: \_\_\_\_\_ START YEAR: \_\_\_\_\_

IF SIGNING UP FOR PRESCHOOL, DO YOU PREFER PA (8:00-11:00), PB (12:10-3:10), or Either?

FATHER: NAME: \_\_\_\_\_ LIVING ( ) DECEASED ( )  
Last First

OCCUPATION: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ RELIGION: \_\_\_\_\_

EMAIL: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_ RACE: \_\_\_\_\_

MOTHER: NAME: \_\_\_\_\_ LIVING ( ) DECEASED ( )  
Maiden Name First

OCCUPATION: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ RELIGION: \_\_\_\_\_

EMAIL: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_ RACE: \_\_\_\_\_

MARITAL STATUS: ( ) Married ( ) Separated ( ) Divorced ( ) Remarried ( ) Single ( ) Other

CHILD LIVES WITH: \_\_\_\_\_

SCHOOL LAST ATTENDED: \_\_\_\_\_  
Name City/State

IS EITHER PARENT EMPLOYED BY HOLY FAMILY OR TMP-MARIAN? YES ( ) NO ( )

IS EITHER PARENT A TMP-MARIAN ALUMNI? YES ( ) NO ( )

DO YOU HAVE CHILDREN CURRENTLY ATTENDING HFE OR TMP NOW? YES ( ) NO ( )

DO YOU INTEND TO SEND YOUR CHILD HERE FOR K-6<sup>TH</sup>? YES ( ) NO ( ) UNSURE ( )

DATE OF BAPTISM: \_\_\_\_\_ CHURCH: \_\_\_\_\_ CITY/ST: \_\_\_\_\_  
Month Day Year

FIRST COMMUNION: \_\_\_\_\_ CHURCH: \_\_\_\_\_ CITY/ST: \_\_\_\_\_  
Month Day Year

NOTES/CONCERNS: \_\_\_\_\_

*If you have any further questions or concerns, please contact the school at 785-625-3131. After we receive this completed form, we will mail you a confirmation letter with details about your child's placement on our waiting list!*