

HGS RETURNING STUDENT 2010-2011

Grade _____

Please check ONE: YES, we are parishioners of Holy Ghost Catholic Church.
 We are registered in _____ parish.

■ Student Information – Please type or print. Thank you!

Last Name	First	Middle
<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth
Mailing Address	City	Zip Code
Home Phone	Cell Phone	

■ Parents'/Guardian Information – Please type or print. Thank you!

Father's/Guardian's Last Name	First	Middle
Mailing address if different from student:	City	Zip Code
Home Phone	Cell Phone	Religion
Employer		Work Phone
Mother's/Guardian Last Name	First	Middle
Mailing address if different from student:	City	Zip Code
Home Phone	Cell Phone	Religion
Employer		Work Phone

YES, my home/cell phone number(s) may be listed in the school directory.
 NO, please do not list my home/cell phone number(s) in the school directory.

 Parent/Guardian Signature

 Date

Office Use Only				
Application Fee	Date Paid	Cash	Check #	Amount Paid
1 student \$200				
2 or more students - \$250				