

**APPLICATION FEE \$20.00 – Fee to be paid when application is returned to the school office. All new applications must be returned to Holy Spirit School no later than Tuesday, February 16, 2010.**

**HOLY SPIRIT SCHOOL  
3930 Parish Avenue  
Fremont, CA 94536  
510/793-3553**

**PLEASE PRINT**

**DATE** \_\_\_\_\_

**CATHOLIC** \_\_\_\_\_  
**NON-CATHOLIC** \_\_\_\_\_

**GRADE** \_\_\_\_ in 2010-2011

**FAMILY NAME** \_\_\_\_\_

**Male** \_\_ **Female** \_\_

**AGE AS OF SEPTEMBER 1ST** (yrs) (months) \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_

\_\_\_\_\_  
**Child's Name (Last) (First) (Middle) (prefers to be called)**

\_\_\_\_\_  
**Address City Zip Home Phone**

**Place of Birth** \_\_\_\_\_  
\_\_\_\_\_  
**Cell Phone Family Email Address**

**Local School District** \_\_\_\_\_ **Nearest Public School** \_\_\_\_\_  
**Please indicate the Sunday envelope number from Holy Spirit Church.** \_\_\_\_\_  
**Please indicate the Mass you regularly attend on the weekend.** \_\_\_\_\_

\_\_\_\_\_  
**School previously attended Name of Teacher Grades(s) attended**

\_\_\_\_\_  
**Date of Baptism (attach copy) Place of Baptism (attach copy)**

\_\_\_\_\_  
**Date of First Communion Place of First Communion**

<b>Siblings</b>	<b>Birth date</b>	<b>Attending Holy Spirit</b>		<b>Applying to Holy Spirit</b>	
<b>Name</b>	<b>Month &amp; Year</b>	<b>yes ( )</b>	<b>no ( )</b>	<b>yes ( )</b>	<b>no ( )</b>
_____	_____	yes ( )	no ( )	yes ( )	no ( )
_____	_____	yes ( )	no ( )	yes ( )	no ( )
_____	_____	yes ( )	no ( )	yes ( )	no ( )

Father/Guardian's Name \_\_\_\_\_ Religion \_\_\_\_\_

Father's Address \_\_\_\_\_ Place of Birth \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position held: \_\_\_\_\_

Work Telephone # \_\_\_\_\_ U.S. Citizen Yes ( ) No ( )

Work Address \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother Maiden Name \_\_\_\_\_

Mother's Address \_\_\_\_\_ Place of Birth \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position held: \_\_\_\_\_

Work Telephone # \_\_\_\_\_ U.S. Citizen Yes ( ) No ( )

Work Address \_\_\_\_\_

Marital status: Married \_\_\_\_ Single parent \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_  
Widowed \_\_\_\_

(If applicable) Give us details regarding child/ren custody arrangements.

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Circle One: Asian African American Hispanic Native American  
Pacific Islander White/Caucasian Multi-Racial

**\*Grade K** WHEN SUBMITTING THIS APPLICATION INCLUDE: **A copy of the students' BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE & Preschool evaluation form.**

**\*Grade 1-8** WHEN SUBMITTING THIS APPLICATION INCLUDE: **A copy of the students' BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE & recent report card and a Letter of Recommendation.**  
(From previous teacher, principal or pastor)

