HOLY SPIRIT PRESCHOOL
"OUR ARMS ARE THE ONLY ONES GOD HAS TO HOLD HIS CHILDREN"

4382 Duchene Lane
Columbus, OH 43213
(614) 861-4559

Enrollment Application

Student Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Social Security Number: _____ Grade: _____

Home Parish: _____

	Sex:	Birth Date:			Birthplace:	
Catholic: ☐	M ☐					
Non-Catholic: ☐	F ☐	Mo.	Day	Year	City	State

Residence

Street Address:	City:	State:	Zip:
Telephone (Home): ( )	Cell Phone: ( )		

Race *(You are not required to answer this question)*

White, not Hispanic: ☐ Black, not Hispanic: ☐ Hispanic: ☐

Asian Pacific Islander: ☐ American Indian/ Alaskan Native: ☐

Family

Father or Guardian:	Birthplace	Religion	Education	Type of Occupation
	Place of Occupation	Business Address		Business Phone
Mother or Guardian:	Birthplace	Religion	Education	Type of Occupation
	Place of Occupation	Business Address		Business Phone

Home Status

Check if any apply:
☐Parents separated ☐Single ☐Father deceased ☐Mother deceased
☐Parents divorced

Student lives with:
☐Both parents ☐Step-Father ☐Father ☐Step-Mother ☐Mother ☐Other

No. of Children in family: _____

Boys		Girls:	
Older	Younger	Older	Younger

☐If separated or divorced, a copy of custody papers has been provided to the school.

Sacraments

Baptism:						
First Communion:						
Penance:						
Confirmation:						
	Month	Day	Year	Church	City	State

School last attended: _____ Date: _____
Address: _____

For office use only:
Date: ____ Class: _____ Fee Paid: Cash: $_____ Check #: _____