## **Holy Spirit School 2017-2018 Inquiry Form**

Parent's Last Name		Parent's First Name		
Home Phone	, W	, Work Phone		
Mailing Address	Street			
City	State	e	Zip Code	
Preferred e-mail add	dress			
Has your child ever	been tested for Specia	al Education Needs?	? YESNO	
If so, please provide	e a copy of the evaluat	ion results.		
For grades 1st-8th, 1 test scores.	please provide a copy	of most-recent Repo	ort Card and standardized	
What church do you	ı currently attend?			
In what church was	your child baptized?			
For Pre-K Only				
Child's Name	Date of Birth			
Pre-K Class Preference AM 8:30-11:30		0		
attend.	d also need to stay in our "		pletely "potty-trained" in order to a until 3:00 PM? YES, NO	
For Kindergarten	- 8 <sup>th</sup> Grade			
Child's Name	Entering Grade	Current School	Date of Birth	
Child's Name	Entering Grade	Current School	Date of Birth	