

HOLY ANGELS SCHOOL, SIDNEY, OHIO
Application Form – Kindergarten & Transfer Student

Date: _____

Student Entering Grade _____

Student Information

Kdg. Preference: AM _____ PM _____ (if applicable)

Student's Last Name _____	First Name _____	Middle Name _____	Nickname/Name Student Goes By _____
Address: _____			Home Phone: _____
Number & Street _____	City _____	State _____	Zip _____
Date of Birth: _____	Place of Birth: _____		
	City _____	State _____	Country _____
Social Security Number _____ - _____ - _____	Religion: _____	Gender _____	Male _____ Female _____
Ethnic Origin (Check One)			
_____ White/Caucasian	_____ Asian	_____ Hispanic	_____ Black/Afro-American _____ Native American/Pacific Islander
_____ Multi-Racial	_____ Other		

Family Information

Residential Parent(s)/Legal Guardian: _____
Parents are: _____ married _____ separated _____ divorced _____ deceased E-Mail: _____
Active Parish membership: _____ Yes _____ No Parish of Attendance: _____
Father's Name: _____ Religion: _____
First _____ Last _____
Address: _____ Home Phone: _____ Cell Phone: _____
Occupation: _____ Company: _____ Work Phone: _____
Mother's Name: _____ Religion: _____
First _____ Last _____ Maiden _____
Address: _____ Home Phone: _____ Cell Phone: _____
Occupation: _____ Company: _____ Work Phone: _____
Did Mother or Father attend this school? _____ Yes _____ No Which Parent: _____
Number of siblings: _____ Names & Ages: _____

If coming from another school, School Name: _____ City/State: _____
If entering Kindergarten, name of Pre-school: _____ City/State: _____
Public School District in which student's home is located: _____
If there are custody, visitation, or other legal agreements or orders concerning the student or access to the student's records, please present the paper work at the time of registration so that a copy may be placed in the records.
If child's progress reports and other pertinent information are to be sent to more than one address, please indicate:

