

Holy Cross School  
10672 County Road 8  
Kimball, MN 55353  
(320) 398-7885

## Grades 1-6 REGISTRATION FORM 2010-2011

Name of Child \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Place of Baptism \_\_\_\_\_

(If your child was NOT baptized at Holy Cross, you will need to provide us with a copy of the Baptismal Certificate for our files.)

### FATHER

### MOTHER

Name: \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_

(At work)

(At work)

Religion \_\_\_\_\_

\_\_\_\_\_

Parish membership \_\_\_\_\_

\_\_\_\_\_

Marital Status \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Children in Family \_\_\_\_\_ Older \_\_\_\_\_ Younger \_\_\_\_\_

List other children registered in Holy Cross School

Name	Grade
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____

Will your child be riding a bus? Yes \_\_\_\_\_ No \_\_\_\_\_ Other \_\_\_\_\_  
walk, bike, etc..)

Resident of School district # \_\_\_\_\_

Day Care Provider ( if known at this time) \_\_\_\_\_

Has your child had a Pre-School screening prior to Kindergarten? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please indicate where this was done, so we may obtain it for our files: