HOLY CHILD CATHOLIC SCHOOL APPLICATION FORM
(Return to: P.O. Box 130, Tijeras, NM 87059)

Father's Name:_____

Mother's Name (First) (Maiden) (Last): _____

Home Address: _____
Street City State Zip

Mailing Address: _____

Home Phone Number: _____
Dad's work/cell Phone Numbers: _____ _____
Mother's Work/Cell Phone Numbers: _____ _____

Parents' Status: **Circle one**:
Single parent, Married, Divorced, Remarried, Deceased (mother / father)

Step Parent or Guardian: _____

Parents' Religion: Father _____ Mother _____

Are you registered in the parish? (Circle) YES NO
Where do you attend mass? (Circle) Tijeras San Antonio Chilili
San Antonito Carnuel Sedillo Escobosa
If you are not registered at Holy Child, what is your parish?_____

Names of Children	Age/DOB	Grade this fall

List the last school your child/children attended?

Name of school:_____

Address: _____

City, State, Zip _____

Contact person :_____

Does your child have special needs?_____

For more information visit our website at **http://holychildcatholicschool.org**