

Registration Information

Has your child ever been referred for diagnosis or diagnosed with any type of learning difficulty or disability, ADD or ADHD? _____ yes _____ no. If yes, please provide copies of all relevant documentation, including any testing results related to this area.

Does your child have allergies? _____ yes _____ no. If yes, please explain _____

_____.

Does your child have any handicapping conditions? _____ yes _____ no

By submitting this application, I acknowledge that all information is correct, complete, and honestly presented. I understand that withholding or misrepresenting information requested in this application may jeopardize admission or enrollment at Holy Spirit Catholic School.

Date _____ Signature of Parent/Guardian _____