STUDENT ENROLLMENT FORM

Holy Spirit Catholic School

18218 W. Hwy 54 • Goddard, KS 67052
Phone (316) 794-8139 • Fax (316) 794-2055 • www.holyspiritwichita.com

Enrollment for: ☐ Pre-K All Day ☐ Pre-K 1/2 Day ☐ K-8th Grade

Grade (*2026-2027*)	**Sex (*circle*): F / M**	**Birthdate:**	**Religion:**
Legal Name (*First, Middle, Last,*):		**Nickname:**	**Parish Registered:**
Home Address (*Street Address, City, State, Zip*):			
Mailing Address (*If different than home address*):			
Home Phone: ( )		**Previous School Attended:**	

Race & Ethnicity: Is this student Hispanic/Latino? Choose ONLY ONE: ☐ **NO** ☐ **YES** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Please continue marking below, 1 or more boxes indicating what you consider student's race.**

What is the student's race? Choose one or more: ☐ **American Indian or Alaska Native** ☐ **Asian** ☐ **Black or African American** ☐ **Native Hawaiian or Other Pacific Islander** ☐ **White**

District of Residence: ☐ **Goddard265** ☐ **Cheney268** ☐ **Maize266** ☐ **Wichita259** ☐ **Renwick267** (*St Marks, Colwich, GP, Andale*) ☐ **Clearwater264**

Parent/Guardian Information

Student Lives with: ☐ Both Parents ☐ Mom & Stepfather ☐ Dad & Stepmother ☐ Mom only ☐ Dad only ☐ Other _____

Are there any members of this/these household(s) listed on a sex offender database: YES_____ NO _____

Parent/Guardian 1: (First Contact)	**Parent/Guardian 2:**
Last Name First Name Relationship	**Last Name First Name Relationship**
Mailing Address City State Zip	**Mailing Address City State Zip**
Employer Work Phone, Ext.	**Employer Work Phone, Ext.**
Cell Phone Email	**Cell Phone Email**

Student mailings automatically go to the student's mailing address. If additional mailings are needed, please provide the following information:

Last Name First Name Relationship Mailing Address City State Zip

Emergency Information

Emergency Contact 1: (*other than parent*):

Name Relationship Phone to be called between 7:00am - 5:30pm

Emergency Contact 2: (*other than parent*):

Name Relationship Phone to be called between 7:00am - 5:30pm

Family Doctor's Name:_____ Family Doctor's Phone:_____

Dismissal Information

Dismissal Contact 1: (*other than parent*):

Name Relationship Phone to be called between 7:00am - 5:30pm

Dismissal Contact 2: (*other than parent*):

Name Relationship Phone to be called between 7:00am - 5:30pm

Dismissal Contact 3: (*other than parent*):

Name Relationship Phone to be called between 7:00am - 5:30pm

I, _____hereby affirm that the above-named pupil resides at the address so stated, and that all information supplied is true and accurate to the best of my knowledge. I have the legal right to make all decisions in connection with the health and welfare of such pupil and am responsible for the above-named pupil regarding school matters.

Parent /Guardian Signature_____ Date:_____

Please list on back, additional student information ie; allergies, glasses/contacts, medical conditions, phobias, etc. Thank you!