## NEW STUDENT HISTORY FORM FOR K4-8<sup>TH</sup> GRADES

		DATE:
ADDRESS: ST	ΓΑΤΕ: ZIP:	FOR GRADE: PRESENT GRADE: HOME PHONE:
ETHNIC: ASIAN AMERICAN IN	NDIAN BLACK HISPA	NICMULTI-RACIAL WHITE STATE: ZIP:
REASON FOR WITHDRAWAL:		
	RELIGIOUS INFORMAT	TION
RELIGION OF CHILD:	Good Counsel(Parish E	BIRTH DATE:  Holy Spirit (Parish Envelope Number)  please specify the name of your parish in the r parishioner status:
BAPTISM DATE:ADDRESS OF CHURCH	NAME OF CHURCH: _	
ADDRESS OF CHURCH		

PARENTS ARE REMINDED THAT ALL REGISTRATION FEES, INSTRUCTIONAL FEES, BOOK FEES, AND TUITION PAYMENTS ARE NON-REFUNDABLE. IF TUITION IS LATE BY 45 DAYS, THE PRINCIPAL MAY REQUEST THE WITHDRAWAL OF THE STUDENT AFTER A LATE TUITION NOTIFICATION HAS BEEN SENT.

**PARENTS' SIGNATURE:** 

## **FAMILY INFORMATION**

Father	Mother	
Name	Name	
Current Address	Current Address	
Place of Birth	Place of Birth	
OccupationBusiness Phone	OccupationBusiness Phone	
Religion	Religion	
Name of High School	Name of High School	
Older:	Older:	
Please check any of these, which apply  Father Deceased Mother Deceased Foster Home  Parents Separated Parents Divorced  Father Remarried Mother Remarried  With Whom Does The Child Reside?		
FOR SCHOOL USE ONLY		
provide their parish envelope r	olic) ificate of Immunization  score  n er child ch, Holy Spirit, or Our Lady of Good Counsel must	

DATE: