

HOLY ANGELS SCHOOL
120 E. WATER ST.
SIDNEY, OHIO 45365
PH. 937-492-9293
FAX 937-492-8578

I, _____ (Parent/Guardian)
do hereby give my permission for a complete transcript of Grades, Health Records and
Test Data of:

Name	Grade
_____	_____
_____	_____
_____	_____

to be released to _____

By signing this request for transfer, I relieve the school which the above named student was attending of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records (as defined by PL 93-380 and any amendments thereto).

Parent/Guardian

Principal

HOLY ANGELS SCHOOL, SIDNEY, OHIO
Application Form – Kindergarten & Transfer Student

Date: _____

Student Entering Grade _____

Student Information

Kdg. Preference: **Half Day** _____ **All Day** _____

Student's Last Name	First Name	Middle Name	Nickname/Name Student Goes By
Address: _____			Home Phone: _____
Number & Street	City	State	Zip
Date of Birth: _____	Place of Birth: _____		Country
	City	State	
Social Security Number _____ - _____ - _____	Religion: _____	Gender _____	Male _____ Female
Ethnic Origin (Check One)			
_____ White/Caucasian	_____ Asian	_____ Hispanic	_____ Black/Afro-American
_____ Multi-Racial	_____ Other	_____ Native American/Pacific Islander	

Family Information

Residential Parent(s)/Legal Guardian: _____

Parents are: _____ married _____ separated _____ divorced _____ deceased E-Mail: _____

Active Parish membership: _____ Yes _____ No Parish of Attendance: _____

Father's Name: _____ Religion: _____

First Last

Address: _____ Home Phone: _____ Cell Phone: _____

Occupation: _____ Company: _____ Work Phone: _____

Mother's Name: _____ Religion: _____

First Last Maiden

Address: _____ Home Phone: _____ Cell Phone: _____

Occupation: _____ Company: _____ Work Phone: _____

Did Mother or Father attend this school? _____ Yes _____ No Which Parent: _____

Number of siblings: _____ Names & Ages: _____

If coming from another school, School Name: _____ City/State: _____

If entering Kindergarten, name of Pre-school: _____ City/State: _____

Public School District in which student's home is located: _____

If there are custody, visitation, or other legal agreements or orders concerning the student or access to the student's records, please present the paper work at the time of registration so that a copy may be placed in the records.

If child's progress reports and other pertinent information are to be sent to more than one address, please indicate:
