

2009-2010 Enrollment Registration
OUR LADY OF THE HOLY SOULS SCHOOL
1001 NORTH TYLER STREET
LITTLE ROCK, AR 72205
501-663-4513
www.arcathsch.org/hsl

TODAY'S DATE: _____

NAME OF CHILD: _____ GRADE LEVEL '09-'10: _____ SSN# _____

CHILD'S PREFERRED FIRST NAME: _____ CHILD'S SEX: _____ CHILD'S ETHNICITY: _____

CHILD'S BIRTHDATE: _____ PRESENT AGE: _____ PLACE OF BIRTH: _____
(City/State)

ADDRESS: _____
(Street) (City/State) (Zip Code)

PARISH MEMBERSHIP WHERE? _____ **

** Out of parish Catholics and Non-Catholics must include a letter of recommendation from their Pastor.

BAPTISM: _____
Date Church City/State

1st RECONCILIATION: _____
Date Church City/State

1st COMMUNION: _____
Date Church City/State

CHILD'S LAST SCHOOL ATTENDED: _____

WHY ARE YOU LEAVING PRESENT SCHOOL: _____

WHY DO YOU WISH YOUR CHILD TO ATTEND HOLY SOULS SCHOOL? _____

SPECIAL NEEDS OF YOUR CHILD: _____

DOES YOUR CHILD HAVE ALLERGIES? YES NO IF YES, WHAT IS YOUR CHILD ALLERGIC TO? (i.e., foods,
dust, animals, etc.) _____

The following documents should be returned with application:

- Baptismal Certificate, Birth Certificate, Shot Records
- Copy of transcript from previous school (grades 1 - 8)
- Student transfer recommendation form (grades 1 - 8)
- Letter from pastor (out of parish Catholics and non Catholics only)

****Failure to submit transcripts with this application will delay the application process

