

ENROLLMENT FORM

HELIAS CATHOLIC HIGH SCHOOL
1305 SWIFTS HIGHWAY
JEFFERSON CITY, MO 65109

Date of Application: _____ Grade Level: _____ Registration Fee: \$100

NAME: _____
Last Name First Name Middle Name

BIRTHDATE: ____ / ____ / ____ SOCIAL SECURITY #: _____

GENDER: Male Female STUDENT CELL PHONE: _____

Ethnicity: Hispanic? <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE: <input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native America	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Two or more	<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer not/No Response
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HOME PHONE: _____ BIRTH CITY/STATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

CHURCH YOU BELONG TO: _____

RELIGION: _____

PUBLIC SCHOOL YOU WOULD ATTEND: _____ CITY: _____

SCHOOL LAST ATTENDED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

Immunization Records Required Before Admittance.

(PLEASE COMPLETE REQUIRED PARENT INFORMATION ON BACK OF FORM)

FATHER OR GUARDIAN: _____
Last Name First Name Middle Initial

RELIGION: _____

HOME EMAIL ADDRESS: _____

EMPLOYER: _____ WORK #: _____ CELL #: _____

MOTHER OR GUARDIAN: _____
Last Name (Maiden Name) First Name Middle Initial

RELIGION: _____

HOME EMAIL ADDRESS: _____

EMPLOYER: _____ WORK #: _____ CELL #: _____

NAME OF PERSON TO WHOM MAILINGS ARE TO BE SENT: _____

RELATIONSHIP TO STUDENT: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT RESPONSIBLE FOR TUITION _____

ARE EITHER OF THE PARENTS DECEASED? YES NO

ARE THE PARENTS OF THE STUDENT DIVORCED/SEPARATED? YES NO

Divorce papers attached. As a condition of enrollment, the Diocese of Jefferson City and Helias Catholic High School requires that, if there is a divorce, the school must be provided with either a copy of the divorce decree or that portion that stipulates custody and/or any other information pertinent for the school.

NAME OF NON-CUSTODIAL PARENT: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

RELATIONSHIP TO STUDENT: _____ SHOULD MAILINGS BE SENT? YES NO

FORMS ATTACHED:

Technology Courses
Contract Emergency
ARVOD

OFFICE USE

Registrar Office Student Billing Email Set-up
SIS Lunch Set-up Student Billing Charges