HOLY FAMILY SCHOOL
3415 W. ARTHINGTON STREET
CHICAGO, IL 60624
PRE-REGISTRATION FORM

Date ________________________

Parent’s Name _________________________________
Address ______________________________________
City _________________________ Zip_____________

Home Phone ( ____ ) __________________
Cell Phone ( ____ ) ____________________

Child’s Name_______________________ Grade next year_____
Child’s Name_______________________ Grade next year ______
Child’s Name_______________________ Grade next year ______

How did you hear about Holy Family School?
_____________________________________________________________________________________

School Previously Attended:
________________________________________________

Please bring this form with you when your child comes for placement testing at Holy Family. To reserve
a spot for placement testing, call (773) 265-0550.