

St. Rose of Lima Catholic School

New Student Registration



Student: _____ Age: _____ Grade Entering: _____
(First) (Middle) (Last)

Date of Birth: ____/____/____ Gender: (M) (F) City & State of Birth _____
mm dd yy

Social Security #: _____ - _____ - _____ U.S. Citizen? (Y) (N) If no, what country? _____

Home Address: _____ City: _____ State _____ Zip: _____

Home Phone: _____ Language Spoken at Home: _____

Student's Religion: _____ Name of Parish Registered at: _____

Baptism Date ____/____/____ Church _____ City: _____
mm dd yy

First Holy Communion Date ____/____/____ Church: _____ City _____
Mm dd yy

Does student have a life-threatening allergy? (Y) (N) Emergency Care Plan on file? (Y) (N)

Has student ever been tested or evaluated for any disability (i.e., Learning Disabilities, Attention Deficit (Hyperactivity) Disorder, Emotional Disabilities, etc.), English as a Second Language, or medical condition? _____ Yes _____ No

If yes, please describe on a separate sheet of paper any disability or medical condition that may affect the child's ability to fully participate in the academic and/or other programs provided by St. Rose of Lima Catholic School and attach to form.

Number of Children in Family # _____ Boys # _____ Girls # _____ Sibling Rank # _____

Public School District to which Student belongs: _____ Transferred From: _____

Father's Name _____ Marital Status: _____

Cell Phone: _____ Email Address: _____

Employer: _____ Religion: _____

Employer Address: _____ Education: ___ High School ___ College ___ Other

St. Rose School Alumni? ___ Yes ___ No Year Graduated: _____

Mother's Name _____ Marital Status: _____

Cell Phone: _____ Email Address: _____

Employer: _____ Religion: _____

Employer Address: _____ Education: ___ High School ___ College ___ Other

St. Rose School Alumni? ___ Yes ___ No Year Graduated: _____

Student Lives with: Both Parents Mother Father Guardian (if checked fill out below)

Guardian's Name _____ **Marital Status:** _____

Legal Address: _____ **Relationship to child:** _____

Phone: _____ **Email Address:** _____

Employer: _____ **Religion:** _____

Employer Address: _____ **Education:** High School College Other

St. Rose School Alumni? Yes No **Year Graduated:** _____

*****The following must be submitted along with this form to be considered for admission*****

Bureau of Vital Statistics Birth Certificate Social Security Card Non-refundable Registration Fee

Immunization Record Baptism Certificate if applicable Custody Decree if applicable

Were you referred by a family who currently has students enrolled?

If yes, by who? _____

Signature of person completing this form: _____ **Date:** ____/____/____