



## Great Teachers. Great Education.

*St. Rose Catholic School admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs, and activities. In addition, St. Charles Catholic School will not discriminate on the basis of religious, race, gender or ethnic origin in the administration of its educational programs and athletics and/or extra curricular activities. Furthermore, the school is not intended to be an alternated to court of administrative agency ordered, or public school district initiated desegregation.*

### Enrollment Application

In order for this application to be complete the following items must accompany this application.

- \_\_\_\_\_ Signed Record Release Form
- \_\_\_\_\_ **All academic report cards (including IEP's and any discipline reports)**
- \_\_\_\_\_ Registration, Technology and Supply Fee (if applicable)
- \_\_\_\_\_ Applicant's official birth certificate from the Board of Health
- \_\_\_\_\_ Applicant's baptismal certificate (if applicable)
- \_\_\_\_\_ Health Records
- \_\_\_\_\_ Proof of custody, if other than natural parent
- \_\_\_\_\_ Proof of residence for EdChoice applicants

**NOTE: A \$35/\$50 (single/family) registration fee, a \$150 instruction fee (per student) and \$125 technology fee (per student), \$100 Kewpee fee (per student) is required at time of student's acceptance.**

The academic and discipline records of all students wishing to transfer to St. Rose will be examined prior to admission. The records must show regular attendance, maintaining appropriate behavior and good academic standing. Any requirements of special needs will be examined on an individual basis to determine if St. Rose School has the resources to meet the student's needs. **All applications are reviewed.** The principal will make the final decision for accepting students to St. Rose School and will notify the family. **Students transferring into St. Rose have a probationary period of forty-five days to evaluate progress.** The student's academic performance and conduct will be evaluated during this time. If it is determined the student has not made a demonstrated commitment to education or St. Rose is not meeting the student's needs, the child may be dismissed. All new students must agree to participate fully in the religious education program.

Date of Application \_\_\_\_\_

Student's Name \_\_\_\_\_  
First Name Middle Name Last Name

Mother's Maiden Name \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_ Gender \_\_\_\_\_ Birthplace \_\_\_\_\_

Grade entering (circle one) Preschool - Full Day K 1 2 3 4 5 6 7 8

Student's Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

School District in which you reside: Lima Shawnee Elida Bath Perry Other \_\_\_\_\_

Is the student baptized Catholic? Yes No

Is the family registered at one of the Lima's Catholic Parishes: Y / N Which one? \_\_\_\_\_

For how long? \_\_\_\_\_ Envelope Number \_\_\_\_\_

Does your family practice the Catholic faith by participating at Mass on Sundays? Y / N

**Tuition Payment option:** (please check)  Pay directly to the school (full amount) to the office by June 17  
 Pay directly to the school (full amount) to the office by Aug. 1  
 Finance through FACTS program beginning Aug. 1

**Father's Name** \_\_\_\_\_ (circle one) Living / Deceased  
Father's Address \_\_\_\_\_  
Father's Religion \_\_\_\_\_ Father's Employer \_\_\_\_\_  
Father's Email Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ (circle one) Living / Deceased  
Mother's Address \_\_\_\_\_  
Mother's Religion \_\_\_\_\_ Father's Employer \_\_\_\_\_  
Mother's Email Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Student lives with:** (circle one) Father & Mother                      Mother only      Father only  
Mother & Stepfather      Father & Stepmother      Other \_\_\_\_\_  
Are the student's parents divorced or legally separated? Y / N  
If yes, please write the name of the Custodial Parent \_\_\_\_\_  
Student last attended the following school \_\_\_\_\_

**\*Please note: a copy of the legal custody document is required.**

**Student's Sacraments**--If Catholic, please complete the following:

	Date	Name of Church	City/State
Baptism	_____	_____	_____
First Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

**Emergency Information** (other than parent)

Name/Relationship to student \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

**FOR OFFICE USE ONLY**

Registration Fee: \_\_\_\_\_ Technology Fee: \_\_\_\_\_ Instructional Fee: \_\_\_\_\_  
Total Amt. Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_