



Great Teachers. Great Education
REGISTRATION FORM 19-20 • GRADES K-8

MOTHER (or legal guardian)

Mother's Name Employer

Home Address City State Zip

Church City

Home Phone Business Phone Cell Phone

Email Address

FATHER (or legal guardian)

Father's Name Employer

Home Address City State Zip

Church City

Home Phone Business Phone Cell Phone

Email Address

OTHERS RESPONSIBLE

Stepparent, if applicable Daytime Phone

City State OFFICE ONLY: Court document received? Yes / No

MISCELLANEOUS

_____ Do you need busing? Yes / No

Public school district you live in/school name

Ethnic Background (Optional): _____ African-American _____ Asian _____ Caucasian

_____ Hispanic _____ Native American _____ Other _____

Please fill out both sides

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CHILDREN

_____					M / F
Child #1.	First Name	Middle	Last		
_____	/	/			
Age	Birth date	SSI #	Church / Denomination	Grade in Sept. '19	
_____					M / F
Child #2.	First Name	Middle	Last		
_____	/	/			
Age	Birth date	SSI #	Church / Denomination	Grade in Sept. '19	
_____					M / F
Child #3.	First Name	Middle	Last		
_____	/	/			
Age	Birth date	SSI #	Church / Denomination	Grade in Sept. '19	
_____					M / F
Child #4.	First Name	Middle	Last		
_____	/	/			
Age	Birth date	SSI #	Church / Denomination	Grade in Sept. '19	

IN CASE OF EMERGENCY

PLEASE LIST UP TO THREE CONTACTS OTHER THAN PARENTS

	Name	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Health Concerns? Yes No If yes, please specify _____

REGISTRATION FEE

If paid by April 5, 2019 \$35 Single / \$50 Family _____
Date Paid Amount

I (We) agree to support this school in tuition, school policies, and fundraising activities, including working festival which is expected of all parents.

Signature _____ Date _____ Acknowledged by _____ Date _____

Please fill out both sides

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