



Great Teachers. Great Education

REGISTRATION FORM 22-23 • 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

Public school district you live in/school name Do you need busing? Yes / No

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. '22 | |
| | | | | | M / F |
| Child #2. First Name | | Middle | Last | | |
| Age | Birth date | SSI # | Church / Denomination | Grade in Sept. '22 | |
| | | | | | M / F |
| Child #3. First Name | | Middle | Last | | |
| Age | Birth date | SSI # | Church / Denomination | Grade in Sept. '22 | |
| | | | | | M / F |
| Child #4. First Name | | Middle | Last | | |
| Age | Birth date | SSI # | Church / Denomination | Grade in Sept. '22 | |

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 29, 2022 \$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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