



Great Teachers. Great Education

REGISTRATION FORM 21-22 • 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

CHILDREN

_____ M / F
Child #1. First Name Middle Last

_____/_____/_____
Age Birth date SSI # Church / Denomination Grade in Sept. '21

_____ M / F
Child #2. First Name Middle Last

_____/_____/_____
Age Birth date SSI # Church / Denomination Grade in Sept. '21

_____ M / F
Child #3. First Name Middle Last

_____/_____/_____
Age Birth date SSI # Church / Denomination Grade in Sept. '21

_____ M / F
Child #4. First Name Middle Last

_____/_____/_____
Age Birth date SSI # Church / Denomination Grade in Sept. '21

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

Payable by April 15, 2021 \$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

© 2007 ST. ROSE CATHOLIC SCHOOL

Page 2 of 2