



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 \$100 instruction fee (per student) and \$110 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: _____ Supply Fee: _____

Total Amt. Paid: _____ Check # _____ Cash _____ Initials _____ Date _____