



Great Teachers. Great Education

REGISTRATION FORM 18-19 • 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. '18 _____
M / F				
Child #2.	First Name _____	Middle _____	Last _____	
Age _____	Birth date _____/_____/_____	SSI # _____	Church / Denomination _____	Grade in Sept. '18 _____
M / F				
Child #3.	First Name _____	Middle _____	Last _____	
Age _____	Birth date _____/_____/_____	SSI # _____	Church / Denomination _____	Grade in Sept. '18 _____
M / F				
Child #4.	First Name _____	Middle _____	Last _____	
Age _____	Birth date _____/_____/_____	SSI # _____	Church / Denomination _____	Grade in Sept. '18 _____

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 5th 2016/7 \$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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