

APPLICATION



NEW STUDENT APPLICATION

Application Date _____

School Year Applying For _____

Applying For (Circle One)

Pre-School Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

Student Information

Full Legal Name _____ Gender _____ Birthdate _____

Birthplace _____ Religion: Baptized Catholic () Other () List _____

Current School & School Address _____

Child Lives With: Both Parents () Mother () Father () Mother P/T () Father P/T ()

Other () Please Explain _____

Child Has A Sibling Currently Attending Saint Rose Catholic School? Yes () No ()

Parent/Guardian Information

Father () Step-Father () Guardian ()

Full Legal Name _____ Birthdate _____

Birthplace _____ Religion: Baptized Catholic () Other () List _____

Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Employer _____ Occupation _____

Mother () Step-Mother () Guardian ()

Full Legal Name _____ Birthdate _____

Birthplace _____ Religion: Baptized Catholic () Other () List _____

Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Employer _____ Occupation _____

Parish Registration Information

St. Rose of Lima () Year Registered Other Parish () Year Registered No Parish Affiliation ()

Registration Agreements (Please Initial Both)

() I/we understand that my/our child will not be placed in the eligibility pool unless the required fees, certificates and academic records accompany this form.

() I/we agree to abide by all policies and procedures outlined in the Saint Rose Catholic School Family Handbook and yearly supplements, as amended from time to time.

SAINT ROSE CATHOLIC SCHOOL

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