



St. Rose of Lima School Preschool - 8th Grade Application

Date: _____ School Year: 2021-2022

Entering Grade: PreK 3
(Please Circle) PreK4

K 1 2
3 4 5
6 7 8

Preschool Only Please Check

PreK 3 ___ PreK 4 ___ 5 Full Days ___ 3 Full Days ___
5 Half Days ___ 3 Half Days ___

Note: All Half Day Sessions are Morning Only.
There will be no substitutions for holidays and school closures.

_____ M _____ F _____
Student Last Name, First Name, Middle Initial

_____ City _____ Zip _____
Address

_____ Place of Birth _____ Citizenship _____
Date of Birth

_____ City/Town _____
Religion Registered Parish

_____ City/State _____ Grade _____
Previous School (If Applicable)

PARENT/GUARDIAN INFORMATION

Mother's Name: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Address (if different from child): _____

Employer: _____ Employer Phone: _____

Position: _____ Employer Email: _____

Education (Please Check) Elementary ___ Secondary ___ College ___ Advanced ___

Father's Name: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Address (if different from child): _____

Employer: _____ Employer Phone: _____

Position: _____ Employer Email: _____

Education (Please Check) Elementary ___ Secondary ___ College ___ Advanced ___

Home Situation (Check all that apply)

Two Parents ___ One Parent ___ Parents separated/divorced ___

Father Remarried ___ Mother Remarried ___ Other ___

Restructured: Mother/Stepfather ___ Father/Stepmother ___

Child Resides with _____

Parental Rights (in case of separation or divorce) _____

(COPY OF COURT ORDER MUST BE PROVIDED/ATTACHED)

Parent/Guardian Responsible for Tuition: _____

Language Spoken at Home: _____

SACRAMENTS	PARISH	CITY & STATE	DATE
BAPTISM			
RECONCILIATION			
FIRST EUCHARIST			
CONFIRMATION			

SIBLINGS Complete Name	Date of Birth	Grade (If applicable)	School Attending (If applicable)

CHILD DEVELOPMENT (Information held in strict confidence) PLEASE PRINT CLEARLY.

1. Has your child been tested for a learning concern, such as:

Perceptual Impairment	Yes	No
Auditory Processing	Yes	No
Neurological Impairment	Yes	No
Autism	Yes	No

Are you aware that your child has a learning disability, but has never been tested? Yes No

If yes, please explain.

Has your child been recommended for a Child Study Team Evaluation? Yes No

Has your child been retained in school? Yes No

If yes, please indicate grade _____

PHOTO USAGE: St. Rose of Lima School seeks to actively promote the positive accomplishments of our students through marketing efforts such as local media, school website and brochures. Photograph(s) are used solely for the St. Rose of Lima School marketing material, and will not be utilized for any other purpose. If you **DO NOT** wish for your child's photo image to be used for such purposes, please sign here. _____

BY NOT SIGNING THIS FORM, YOU ARE RELEASING St. Rose of Lima School, its officers, agents, and /or employees from liability as a result of the use of this material. Thank you for your support.