



New Student Registration

Kindergarten – 8th Grade

Academic Year 2012/2013

Date: _____

Student's Last Name: _____ First: _____ Middle: _____

Student's Social Security Number: _____ - _____ - _____ Gender: Male Female

Student's Address: _____ City/State/Zip _____

Telephone Number: (____) _____ Email Address: _____

Grade Entering: _____ Student lives with: Both Parents Mother Father Other _____

Parent/Guardian Information:

Father's/Guardians' Name: _____

Address: _____ City/State/Zip _____

Home Phone No.: (____) _____ Cell Phone No.: (____) _____

Mailing Address: _____ City/State/Zip _____
(If different from above)

Place of Employment: _____ Phone: (____) _____

Mother's/Guardians' Name: _____ Maiden Name: _____

Address: _____ City/State/Zip _____

Home Phone No.: (____) _____ Cell Phone No.: (____) _____

Place of Employment: _____ Phone: (____) _____

Names of Other Children Attending Our Lady of the Holy Rosary School:

1. _____ 3. _____

2. _____ 4. _____

School Last Attended (prior to HRS): _____ Grade last attended _____

Student's Date of Birth: _____ Student's Place of Birth: _____

Race and Ethnicity: Native American/ Black Asian Hispanic White Multi _____
Native Alaskan

Religion: Catholic Parish: _____

Non-Catholic Parish: _____

Sacraments:

Baptism (Church): _____

City/State: _____ Date: _____

First Eucharist (Church): _____

City/State: _____ Date: _____

Has your child ever been tested for special learning accommodations? Yes No

If yes, please specify the date: _____ and school: _____

Do any of the following apply to your child (check all that apply):

Preferential Seating Modified Curriculum

Dietary Restrictions Learning Difficulties

Allergies or Asthma

Other Special Needs: _____

If you have checked off any of the above, please provide documentation to the school before admission is completed.

Tuition:

Will you be requesting financial aid? Yes No

Name and address of the person who will be responsible for tuition payments:

Method of Payment (select one): Annually (due in full by 1 June, 2012)
 Monthly (FACTS contract must accompany this form)

For Office Use Only

Date Registration Received: _____ Check No.: _____ Amount: _____

FACTS Agreement Received: _____

Commitment Form Received: _____