

Student's Last Name	First Name	Middle Name	Male or Female	Current Age	Current Grade
Student's Birth Information:	Birthdate: / /	City	/	State / Country	() √ () Birth Certificate/Academic Records
	Birthplace:				
Student's Residence:	Address	City / State	Zip Code	Home Phone #	
School Last Attended:		Address:		Phone #	

FAMILY RECORD:

Family Information:	FATHER	MOTHER (include maiden name)	GUARDIAN	SIBLING(S)
Full Name				Name:
Address (if different)				Grade: Age:
Home ph# (if different)				Name:
Place of Birth				Grade: Age:
Religion				Name:
Occupation				Grade: Age:
Employer				Name:
Work Phone #	() -	() -	() -	Grade: Age:
Cell Phone #	() -	() -	() -	
Email Addresses				
Student resides with: √				

RECORD OF SACRAMENTS RECEIVED:

AM/PM Sessions will be selected based on several factors:

Student's Sacraments:	BAPTISM	
Date:		
Church:		Please indicate the hours your child would most likely need to attend: ___:___ to ___:___
City:		How many days a week? _____
State:		
Staff Verified Certificate:		

ST. ROSE SCHOOL OFFICE USE ONLY: