

TRANSITIONAL KINDERGARTEN STUDENT APPLICATION

Student's Last Name	First Name	Middle Name	Male or Female	Current Age	Current Grade
Student's Birth Information:	Birthdate: / /	Birthplace (City)	Birthplace (State / Country)	Birth Certificate/Academic Records ( ) √ ( )	
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 #	( ) -	( ) -	( ) -	
Student resides with: √	Father Deceased ( )	Mother Deceased ( )	Foster Home ( )	
Two Parent Family - Child Lives With Both Parents ( ) Parents Separated ( ): Child Lives With Father ( ) Child Lives With Mother ( )				
Active Catholic [ ] Non-Catholic [ ]	Parish Where Family is Registered:		Since:	(For St. Rose Parishioners) Envelope #

**RECORD OF SACRAMENT RECEIVED**

Student's Sacrament:	BAPTISM
Date:	
Church:	
City:	
State:	
Staff Verified Certificate:	

**ST. ROSE SCHOOL OFFICE USE ONLY:**

Birth Certificate Received & Verified ( )	Recent Report Card Rcvd. ( )	Form Rcvd. / /
Date Registered as Saint Rose Parishioner: / /	Verified: / /	Env. #
Cumulative Folder Requested ( )	Date of Request: / /	Date Rcvd. / /
Notes:	Family Contacted: / /	Fee Rcvd. / /
Family Accepted ( ) opening on / /	Family Declined ( ) opening on / /	Ck. #
Entered St. Rose School: / /	Entered Grade:	School Year: -