

SAINT ROSE CATHOLIC SCHOOL
633 Vine Avenue
Roseville, CA 95678

STUDENT APPLICATION ~ GRADES 1-8

Today's Date ___/___/___
School Year: 2010-11
Grade: _____

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: <input checked="" type="checkbox"/> 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 SACRAMENTS RECEIVED:

Student's Sacraments:	BAPTISM	EUCCHARIST	RECONCILIATION	CONFIRMATION
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: _____