

**ST. ROSE OF LIMA SCHOOL
FAMILY RE-REGISTRATION
2017-2018**

Please complete the following forms and return to school office:
Faith Pledge
Family Re-Registration Form (2 sides)
Student Re-Registration Form (1 per Returning Student)

ALL INFORMATION REFERS TO FAMILY IN WHICH CHILD RESIDES

PLEASE PRINT AND ANSWER ALL QUESTIONS

DATE OF REGISTRATION _____

LAST NAME OF FAMILY _____ FATHER'S FIRST NAME _____

LAST NAME OF CHILD(REN) _____ MOTHER'S FIRST NAME _____
(If different)

ADDRESS _____ CITY _____ ZIP _____

E-MAIL(Mother) _____ E-MAIL(Father) _____

I am geographically located in _____ Parish.

I am registered in _____ Parish.

ATTENDANCE AT MASS **EVERY** SUNDAY: INDICATE FOR ALL THREE

| | | | | | |
|---------|---------------------------------------|---------|---------------------------------------|-------------|------------------------------------|
| FATHER: | <input type="checkbox"/> Yes | MOTHER: | <input type="checkbox"/> Yes | CHILD(REN): | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Sometimes | | <input type="checkbox"/> Sometimes | | <input type="checkbox"/> Sometimes |
| | <input type="checkbox"/> No | | <input type="checkbox"/> No | | <input type="checkbox"/> No |
| | <input type="checkbox"/> Non-Catholic | | <input type="checkbox"/> Non-Catholic | | |

Please write the full name and date of birth of each child in the family to register for St. Rose of Lima School on the line next to the grade he/she will enter in August 2017.

| GRADE AUGUST 2017 | CHILD'S FULL NAME | DATE OF BIRTH | GRADE AUGUST 2017 | CHILD'S FULL NAME | DATE OF BIRTH |
|-------------------------|-------------------|---------------------|-------------------------|-------------------|---------------------|
| PreK | _____ | _____ | 4 | _____ | _____ |
| K | _____ | _____ | 5 | _____ | _____ |
| 1 | _____ | _____ | 6 | _____ | _____ |
| 2 | _____ | _____ | 7 | _____ | _____ |
| 3 | _____ | _____ | 8 | _____ | _____ |

TUITION BILL SHOULD BE SENT TO: Name _____

Address _____

**NO FEE IS DUE AT THIS TIME.
RE-REGISTRATION FEE OF \$150.00 PER FAMILY WILL BE
PROCESSED THROUGH YOUR FACTS ACCOUNT IN MARCH, 2017.**

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE

MARITAL INFORMATION - Please check the following:

Parents Living Together Mother re-married Mother deceased
 Separated Father re-married Father deceased
 Divorced

Pupil lives with: Both Parents Mother Father Guardian
 Stepfather & Mother Stepmother & Father

Address of Pupil(s) _____
(Number & Street) (City & Zip Code)

Language(s) spoken in the home: _____

FILL IN THE COLUMNS FOR PERSONS WITH WHOM CHILD IS LIVING:

| | <u>**NATURAL MOTHER</u> | <u>STEMOTHER</u> | <u>**NATURAL FATHER</u> | <u>STEPFATHER</u> |
|------------------|---|------------------|---|-------------------|
| First Name | _____ | _____ | _____ | _____ |
| Maiden Name | _____ | _____ | _____ | _____ |
| Religion | _____ | _____ | _____ | _____ |
| Country of Birth | _____ | _____ | _____ | _____ |
| Date of Birth | _____ | _____ | _____ | _____ |
| Occupation | _____ | _____ | _____ | _____ |
| Company | _____ | _____ | _____ | _____ |
| Business Address | _____ | _____ | _____ | _____ |
| Work Phone | _____ | _____ | _____ | _____ |
| Cell Phone | _____ | _____ | _____ | _____ |
| Home Phone | _____ | _____ | _____ | _____ |
| Education | _____ <small>(Last Grade/Degree)</small> | _____ | _____ <small>(Last Grade/Degree)</small> | _____ |
| <u>SIGNATURE</u> | _____ | _____ | _____ | _____ |

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