



New Registration

Please fill out a separate form for each child (please print)

Student Information

Grade Requested: _____ *School Year:* _____

Last: _____ First: _____ Middle: _____

Home Phone: _____ Primary E-Mail Address: _____

Home Address: _____

Date of Birth: _____ Birth Country: _____ Gender: _____ Religion: _____

Parish: _____ Ethnicity: _____

Public School District: _____ County: _____

Previous School: _____ School Address: _____

Please list if student has either an IEP or 504 Plan: _____

(If student has an IEP, please submit the Evaluation Report and most recent IEP.)

What is the student's primary language? _____

Family Information

Father's Full Name: _____ Check here if Father is deceased _____

Father's Address: _____

Father's Phone Numbers:

Home: _____ Cell: _____ Work: _____

E-Mail Address: _____ Employer: _____

Father's Religion: _____ Father's Country of Birth: _____

Mother's Full Name: _____ Maiden Name: _____

Check here if Mother is deceased _____

Mother's Address: _____

Mother's Phone Numbers:

Home: _____ Cell: _____ Work: _____

E-Mail Address: _____ Employer: _____

Mother's Religion: _____ Mother's Country of Birth: _____

Sacraments

Baptism: Date: Church: City/St: _____

Reconciliation: Date: Church: City/St. _____

First Communion: Date: Church: City/:St. _____

Confirmation: Date: Church: City/St. _____

Is it your intention to have your child prepared for the reception of the sacraments of the Roman Catholic Church? _____yes _____no

Home Situation

Two Biological Parents: Parents separated/divorced: One Parent:

Mother/Stepfather: Father/Stepmother: Other:

Parents' rights (in cases of separation or divorce):

Legal custody: Joint _____ Sole _____

Physical custody: Joint _____ Sole _____ Mother _____
Father _____
Guardian _____

Is there is a custody agreement in place for this child? _____ (Please attach a copy of the Court Order).

Guardian Information (if applicable)

Guardian 1: _____ Relationship to Child: _____

Home: _____ Cell: _____ Work: _____

E-Mail Address: _____ Employer: _____

Guardian 2: _____ Relationship to Child: _____

Home: _____ Cell: _____ Work: _____

E-Mail Address: _____ Employer: _____

How did you hear about Holy Rosary? _____

Parent/Guardian Signature

Date: _____