

Application for Admission

Office Use Only
Rec'd _____
Fee Paid _____
Note _____

ST. ROSE OF LIMA SCHOOL APPLYING TO GRADE _____ SCHOOL YEAR _____ *For Preschool please indicate below:

40 Church Hill Rd, Newtown, CT 06470

Phone: 203-426-5102

PreK3: __2Day or __3 Day PreK4: __4 Day(Mon-Thu) or __5 Day__ext. hour till 2:45 Prek4/5: __ Step Up__ ext. hour till 2:45

NAME OF APPLICANT: _____
(Last) (First) (Middle) (Date of Birth) (Sex) (City, State, Country of Birth)

ADDRESS: _____ Home Phone: _____
(Street) (City) (State) (Zip)

Mother's E-Mail Address: _____ Father's E-Mail Address: _____

PARISH you are currently registered in and supporting: _____ City _____ State _____

Church of Marriage: _____ City _____ State _____

Applicant's:

Baptismal Date: _____ Church: _____ City/State: _____

First Communion Date: _____ Church: _____ City/State: _____

Confirmation Date: _____ Church: _____ City/State: _____

Mother's First & Maiden Name: _____ Address: _____ Cell Phone: _____ Religion: _____

Place of Employment: _____ Position: _____ Work Phone: _____

Father's Name: _____ Address: _____ Cell Phone: _____ Religion: _____

Place of Employment: _____ Position: _____ Work Phone: _____

Brothers and Sisters (in order of age):

<u>NAME</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____

- 1. APPLICANT'S RACE:**
 ___ White ___ Black ___ Two or More Races
 ___ Asian ___ Amer Indian/Native Alaskan
 ___ Native Hawaiian/Pacific Islander

- 2. APPLICANT'S RELIGION:**
 ___ Catholic ___ Non-Catholic
- 3. APPLICANT'S ETHNICITY:**
 ___ Non-Hispanic ___ Hispanic

Over

APPLICANT'S CURRENT SCHOOL: _____ CITY: _____ CURRENT GRADE: _____

The following information is necessary for teachers to plan for your child's success. Failure to disclose this information may halt an application and/or result in children being asked to transfer to receive services necessary for them to succeed. Have you ever been invited to attend a Planned Placement Team (PPT) meeting? ___ Yes ___ No
Has the applicant received any special services (including birth to 3)? _____ If yes, please describe: _____

PLEASE INCLUDE THE FOLLOWING TO COMPLETE THE APPLICATION:

Copy of: ___ \$ 150 Registration Fee ___ Birth Certificate ___ Baptismal Certificate ___ School Records ___ Record Release Form

** Kindergarten & 1st Grade screening is mandatory. * Entrance testing administered by St. Rose Catholic School may be required.*

Current health records and cumulative educational records including all special education material and teacher evaluations must be forwarded to the school office as soon as possible. Acceptance is not complete until all required information is submitted to the school. The registration fee is NON-REFUNDABLE and not applied to tuition.

**AS PARENT/GUARDIAN, I AGREE TO SUPPORT THE SCHOOL'S POLICIES, RULES AND STANDARDS AS STATED IN THE SCHOOL'S ONLINE HANDBOOK,
and to THE TUITION POLICIES AS STATED ON THE TUITION RATE SHEET.**

I grant permission to publish my contact information in a school directory. Circle one: Yes / No

I grant permission to use my child's image and/or name in print, electronic, or digital format for school publication, publicity and website. Circle one: Yes / No

SIGNATURE: _____ DATE: _____