

# **ST. ROSE SCHOOL - FAMILY REGISTRATION FORM**

This registration form is for the 2020-21 school year. Advance present grade (for example: a student now in grade 1 should be registered for grade 2).

## **Family Data**

LAST NAME \_\_\_\_\_

(FATHER) \_\_\_\_\_

(MOTHER) \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

CELL PROVIDER \_\_\_\_\_

CELL PROVIDER \_\_\_\_\_

E-MAIL \_\_\_\_\_

E-MAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_

OCCUPATION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

HOME PARISH \_\_\_\_\_

HOME PARISH \_\_\_\_\_

## **CHILDREN IN SCHOOL: 2020-21 SCHOOL YEAR**

NAME	GRADE	NAME	GRADE
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

Please fill in the following information requested below and return to school immediately. It is necessary to have on file the names of someone to contact in case of emergency. The name of the first contact is usually the parents.

### **NAME OF EMERGENCY CONTACT**

1<sup>st</sup> Choice: \_\_\_\_\_

Phone: \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Phone: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Family Physician \_\_\_\_\_

In the event of inclement weather, my student/s may go to the home of \_\_\_\_\_.

INVITE YOUR RELATIVES, FRIENDS AND NEIGHBORS TO SEND THEIR CHILDREN TO ST. ROSE OF LIMA SCHOOL.