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St. Rose School

CHELSEA, MA

2011-2012 New Student Application for Admission

Student Information

Please circle the grade for which you wish to apply:

K1* K2** 1 2 3 4 5 6 7 8

*Child must be 4 years old by September 1, 2011. **Child must be 5 years old by September 1, 2011.

Student Name: _____
Last Name First Name Middle Name
Date of birth: ___/___/____ Place of birth: _____ Gender: Male Female
Mo/day/year (circle one)

Home Telephone: _____ Race/Ethnicity: _____ Grade in 2010-2011: _____
Primary Language spoken at home: _____ School in 2010-2011: _____

Student Address: _____
Street Apt. # City State Zip

Religion: _____ Date of Baptism: _____ Church: _____
Date of 1st Communion: _____ Church: _____
With whom does the student live? Both parents ____ Birth mother ____ Birth Father ____ Other ____

Family Information

Mother/Guardian 1:

Legal Name: _____ Relationship to student: _____
Address: _____
Street Apt. # City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____ Occupation: _____ Maiden Name: _____
Place of birth: _____ Religion: _____

Father/Guardian 2:

Legal Name: _____ Relationship to student: _____
Address: _____
Street Apt. # City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____ Occupation: _____
Place of birth: _____ Religion: _____

Additional Information

Has your child ever been placed on an Individual Education Plan (IEP) or had a CORE evaluation?
Yes ____ No ____ *If yes, please provide a copy with this application.

Has your child ever been diagnosed with any learning disabilities? Yes ____ No ____
*If yes, please explain: _____

Has your child ever been suspended or expelled from school? Yes ____ No ____
*If yes, please explain: _____

(continued)

Do you intend to use our: Before School Care _____ After School Program _____

Please indicate the name(s) and grade(s) of any siblings applying to and/or attending St. Rose School:

Are you a member of St. Rose Parish? Yes _____ No _____

If you do not attend St. Rose, please list your parish (if any): _____

How did you hear about St. Rose School?

- Church bulletin/flyer/announcement
- Website
- Friends/family
- Another parent
- Other: _____

Documents to submit with this application:

- Student's Baptismal certificate (if Catholic)
- Student's birth certificate (or passport if born outside the U.S.)
- Student's immunization records
- Student's previous report cards (if applicable)

By signing below, I certify that the information above is accurate.

Name of Parent/Guardian (*please print*): _____

Signature of Parent/Guardian: _____ Date: _____

For office use only:

_____ Baptismal certificate _____ Birth certificate/passport _____ Age verified
 _____ Immunization forms _____ Previous report cards
 _____ Date of completed file _____ Initials

