



**St. Rose of Lima  
Catholic School  
Registration Application – 2018/2019**

**GENERAL INFORMATION**

Grade Entering 2018-19 PK4-8 \_\_\_\_\_  
PK3 H (Half Day) F (Full Day) \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_ Sex F / M

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

**BACKGROUND INFORMATION**

Mother's Name \_\_\_\_\_ Mother's Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Position/Title: \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Position/Title: \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status (circle one): married divorced single Student resides with (circle one): Mother Father Both Guardian

Siblings attending St. Rose of Lima School: Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ May the school contact in emergency? (Y / N)

Allergies? (Y / N) If yes, please explain \_\_\_\_\_

Religion (circle one): Catholic Non-catholic

Has your child been baptized? (Y / N)

If Catholic, what church do you attend: \_\_\_\_\_

Is child currently enrolled in CCD? (Y / N) If Yes, where: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Church/City: \_\_\_\_\_

1<sup>st</sup> Reconciliation Date: \_\_\_\_\_ Church/City: \_\_\_\_\_

1<sup>st</sup> Communion Date: \_\_\_\_\_ Church/City: \_\_\_\_\_

Ethnicity and Race: Is the student Hispanic/Latino (Y / N)

American Indian/Native Alaskan Asian Black/African American Native Hawaiian/Pacific Islander White  
Haitian Two or More Races Unknown

If a citizen of a country other than the US, will an I-20 Immigration Form be needed? (Y / N)

If a student VISA based on an I-20 is not needed, what form of VISA will the student use to enter the US? \_\_\_\_\_

The School is authorized under Federal law to enroll nonimmigrant alien students\* (8 C.F.R & 214.3 (3j))

School Use Only

Registration Fee \_\_\_\_\_

Step-Up \_\_\_\_\_

McKay \_\_\_\_\_

FACTS \_\_\_\_\_

Sibling Y or N \_\_\_\_\_

# FINANCIAL INFORMATION

Can you meet the financial obligations of this school? Yes or No \_\_\_\_\_

Does this student qualify for McKay Scholarship? Yes or No Step-Up? Yes or No

If yes, please provide a copy of letter of intent or award notification.

If unsure, are you applying for Financial Aid through the state of Florida? Yes or No

# STUDENT ACADEMIC INFORMATION

Current Grade \_\_\_\_\_ Last School Attended \_\_\_\_\_

Reason for Leaving Last School

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Schools Previously Attended by Applicant

School	Address	Date Completed	Grade Completed
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Has the applicant ever repeated/failed a grade? Yes or No \_\_\_\_ If yes, which grade? \_\_\_\_\_

Has the applicant ever been: Suspended? Yes or No Expelled? Yes or No

Reason

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Does the student have complete proficiency in the following areas of English?

Reading \_\_\_\_\_ Speaking \_\_\_\_\_ Listening Comprehension \_\_\_\_\_

Has the applicant ever been tested for a learning disability and/or gifted? Yes or No

If yes, please explain and attach a copy of results or IEP:

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Has the applicant ever applied for acceptance to St. Rose of Lima School? Yes or No

# PARENT/GUARDIAN STATEMENTS

In completing this application form for my/our child to attend St. Rose of Lima Catholic School, I/we agree to support the spiritual, moral, academic and disciplinary standards of the school as outlined in the student handbook. If my/our child is accepted to St. Rose of Lima Catholic School, I/we agree to accept the entire philosophy and objectives of the school, and will require my/our student to participate fully in the approved curricular and spiritual activities of the school. I/we agree to support the school to the best of my/our ability by attending and participating in the various activities of the school. I/we agree to assume the responsibility for my/our child's education by supervising assigned homework and maintaining regular contact with my/our child's teachers. I/we understand that my/our compliance is required in the regular payment of tuition, fees, stewardship, fundraising and other financial obligations as outlined in the approved payment schedule. I/we understand that non-compliance may result in dismissal, non-issuance of examinations and the withholding of all records until payment is complete.

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Date Signature of Parent/Guardian

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Date Signature of Parent/Guardian

## Verification Statement and Authorization for Record Retrieval

The statements contained in this application are true to the best of my/our knowledge. I/we understand the misrepresentation or omissions of facts called for on this application, when discovered by school authorities, may be cause for dismissal or non-acceptance of the applicant at the will and complete discretion of St. Rose of Lima Catholic School. I/we hereby authorize St. Rose of Lima Catholic School to make inquiries and obtain my/our child's academic, disciplinary, attendance and health records from schools in which my/our student has been in attendance.

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Date Signature of Parent/Guardian

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Date Signature of Parent/Guardian

## Additional Comments

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**PLEASE INITIAL YOUR ACCEPTANCE FOR EACH OF THE FOLLOWING:**

I understand that St. Rose of Lima Catholic School is a ministry of the Archdiocese of Miami and St. Rose of Lima Catholic Church. I understand that learning about the Catholic faith and religious songs and activities are part of the program. \_\_\_\_\_

I understand that all registration fees are non-refundable. \_\_\_\_\_

I understand that the school office must be notified, in writing, in advance of my child's withdrawal from school during the school year. Failure to do so will make me responsible for any and all fees accrued during that time, and tuition in the full amount will be charged. \_\_\_\_\_

I understand in the case of new students, acceptance is not finalized until the Registration Fees and required registration documentation is received and reviewed by the Admissions Review Committee. I understand this process may take up to 6 to 8 weeks before a final admission decision is determined. A formal acceptance letter will be issued once admittance is approved. \_\_\_\_\_

I agree to release the following information for purposes of a contact list for classroom use only. Please initial below what information is acceptable to release:

Phone     Mother's Email     Father's Email

I hereby grant permission for my child to take part in all activities that may be incorporated into his/her school day while attending SRL School. \_\_\_\_\_

St. Rose of Lima Catholic School is an Archdiocese of Miami Catholic School dedicated to Catholic principles and offers a middle and high school preparatory curriculum. The school has an open admission policy. No person, on the grounds of race, color, disability or national origin, is excluded or otherwise subjected to discrimination in the receiving of services.

**Required Documents to Accompany Application (refer to checklist for a complete list)**

- Parent copies of report cards from two years prior to entry grade.
- Parent copies of standardized test results from two years prior to entry grade (if applicable).
- School Recommendation Form
- Copy of child's Birth Certificate
- Copy of child's Baptismal Certificate (if applicable)
- Child's Immunization Form/Proof of Physical Form will be required upon acceptance

Thank you for considering St. Rose of Lima Catholic School!