



Registration Application 2020/2021

GENERAL INFORMATION

Grade Entering 2020-21 _____
PK3 Full Day _____ PK3 Half Day _____

Student's Last Name _____ First Name _____ Middle Initial _____

Address _____ DOB _____ Sex F / M

City _____ State _____ Zip Code _____ Home Phone _____

My child has previously applied for admission to SRL. Y N If Yes, what year/grade? _____

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: 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: _____

Baptism Date: _____ Church/City: _____
1st Reconciliation Date: _____ Church/City: _____
1st Communion Date: _____ Church/City: _____

Ethnicity and Race: Is the student Hispanic/Latino (Y / N)
Hispanic/Latino Haitian American Indian Asian Black/African Native Hawaiian White Native Alaskan Pacific
Islander Non-Hispanic

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*

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 State Scholarship*? Yes or No

If yes, please indicate which State Scholarship by placing a check mark below.

Step-Up _____ AAA _____ McKay _____ Gardiner _____ Family Empowerment _____

***SRL accepts the following State Scholarships: Step-Up, AAA and Family Empowerment**

STUDENT ACADEMIC INFORMATION

Current Grade _____ Last School Attended _____

Reason for Leaving Last School _____

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

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

Reading _____ Speaking _____ Listening Comprehension _____

Does the applicant have any specific learning needs? If so, please provide an explanation below.

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.

Date Signature of Parent/Guardian

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, 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.

Date Signature of Parent/Guardian

Date Signature of Parent/Guardian

Additional Comments

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 following age guidelines must be followed in order for my child to attend St. Rose of Lima Catholic School: _____

- Children entering PK3 must be 3 years old on or before September 1, 2020
- Children entering PK4 must be 4 years old on or before September 1, 2020
- Children entering Kindergarten must be 5 years old on or before September 1, 2020

I understand that all children applying for PK3 must be fully potty-trained by the first day of school. _____

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 all 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. If admittance is denied, a refund will be issued less the \$100 Registration Processing Fee for the applicant. _____

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 to other families in your child's class:

Phone Mother's Email Father's Email

If accepted, I agree to a one-time voluntary HSA Classroom Fund donation (per school year) of \$25.00/ per child which will be billed to my family's FACTS account in August 2020. ____ Yes ____ No

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

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