



2018-2019 St. Rose Grammar School Registration

Student Information

Please Check: ☐ New Registration ☐ Re-Registration ☐ Both

Name: _____ D.O.B. ____/____/____ Grade as of 9/18 _____
Last First

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Last First

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Last First

PRE-K Only Please Check

☐ 5 Full Days

☐ 5 Half Days

☐ 3 Full Days (circle) Mon Tues Wed Thurs Fri

☐ 3 Half Days (circle) Mon Tues Wed Thurs Fri

Note: There will be no substitutions for holidays and school closures

Address: _____

Home Phone: _____ Public School District: _____

Religion: _____ Parish: _____

Student(s) live(s) with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other

(Please provide any applicable court orders or custody documentation)

Parent / Guardian Information

Mother's Name: _____

Cell Phone: _____ E-mail: _____

Employer: _____ Employer Phone: _____

Position: _____ Employer Email: _____

Father's Name: _____

Cell Phone: _____ E-mail: _____

Employer: _____ Employer Phone: _____

Position: _____ Employer Email: _____

Address if different from above: _____

Information provided by: _____