

Our Lady of the Holy Rosary-St. Richard Catholic School 201-2018 Registration Form

Please complete one (1) registration form for each child.

How did you hear about our school? _____

Student Information Date: _____

Grade Applying for: _____ General Program: _____ Academy 2000 program: _____

Student Last Name: _____ First Name: _____ Middle: _____

Other Siblings attending Our Lady of the Holy Rosary Parish School: _____

Date of Birth: _____ Student Social Security No.: _____

Gender: Circle One (1) Male Female Student's Religion: _____

Race: Circle One (1) American Indian Asian Black Multi Racial
Pacific Islander White

Ethnicity: Circle One (1) Hispanic Haitian Non-Hispanic/Haitian

Native Hispanic Speaker _____ Yes _____ No

Mother's Ethnicity: Circle One (1) American Indian Asian Black
Multi Racial Pacific Islander White
Father's Ethnicity: Circle One (1) American Indian Asian Black
Multi Racial Pacific Islander White

Family Information

Marital Status: Circle One (1) Single Married Separated Divorced Remarried Widowed

Child lives with: Circle Both Birth parents Birth Mother Birth Father
Birth Mother/Stepfather Birth Father/Stepmother Guardian

Parent or Guardian:

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

E-Mail: _____ E-Mail: _____

Highest Level of Education: Circle One (1) Highest Level of Education: Circle One (1)
High School Some College AA High School Some College AA
BA/BS Graduate or Higher BA/BS Graduate or Higher

Occupation: Circle One (1)
Trade Professional/Business Finance
Transportation/Utilities Legal Retired
Education/Health Self-Employed Other

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Trade Professional/Business Finance
Transportation/Utilities Legal Retired
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Mother
Employer: _____

Father
Employer: _____

Job Title: _____

Job Title: _____

Work Phone: _____

Work Phone: _____

Religion: _____

Religion: _____

Parish Registered: _____

Parish Registered: _____

Envelope No.: _____

Envelope No.: _____

Student Country of Citizenship: _____. The Archdiocese of Miami is authorized under Federal Law, to enroll non-immigrant alien students. If you require assistant, please inform the office at the time of registration.

Student Information

_____ Please check here if you do not wish your child's address and phone number to be given to homeroom parents for contact purposes.

Safe Environment Policy

The Archdiocese of Miami's Safe Environment Policy requires all volunteers to be fingerprinted and to complete the Virtus training of the Protecting God's Children program. (Information enclosed)

The statements contained in this registration form are true and accurate to the best of my knowledge.

Signature of Legal Parent or Guardian: _____ **Date:** _____

Scholarships:

Mandatory Documents for recipients of the Step Up For Students

Award Letter Student Social Security number _____

Mandatory Documents Required for Recipients for the McKay Scholarship

Guardian social security number _____
Letter of Intent Matrix of Services IEP (current) Psychological evaluation

Mandatory Documents for recipients of VPK

Child Eligibility & Enrollment Certificate from Early Learning Coalition
VPK Certificate Birth Certificate Baptismal Health Records

Mandatory Documents Required for Registration of Returning Students

Signed Financial Agreement If applicable, Psycho-Educational Evaluation
Health Forms (PK-2nd Grade, and 7th Grade) DH#3040 and DH#680 Registration Fees

Mandatory Documents Required for Registration of New Students

Birth Certificate Signed Parent Financial Agreement Standardized Test Results
Baptismal/Communion Certificate Original Health Forms(DH#3040,680) Applicable Sacramental Fee
Current & Previous Year Report Cards Registration Form and Fee & Faith Life Form FACTS Tuition Form

