

# Our Lady of the Holy Rosary-St. Richard Catholic School 2018-2019 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

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

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-2<sup>nd</sup> Grade, and 7<sup>th</sup> 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