ST. ROSE OF LIMA CATHOLIC SCHOOL
REGISTRATION FORM
2010 - 2011

Student Name: _____
Last First Middle

Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address (if different): _____

City: _____ **State:** _____ **Zip:** _____

Home Phone #: _____

Student's Age: _____ **Gender (circle one):** M F **Entering Grade (circle one):** P3 P4 K 1 2 3 4 5 6

Date of Birth: / / **Place of Birth:** _____

Baptized Religion: _____ **Parish:** _____

Child's Ethnicity* (check one): ☐ Caucasian ☐ Hispanic ☐ Asian / Pacific Islander ☐ African American ☐ American Indian / Native of Alaska

* This information is required to complete the Washington State Report (SPI P-105B)

Student lives with: ☐ Parent(s) ☐ Guardian ☐ Other: _____ (Please specify)

Father or Guardian:			**Mother or Guardian:**		
Last	First	MI	Maiden Name	First	MI
Religion:			**Religion:**		
Address:			**Address:**		
City:	**State:**	**Zip:**	**City:**	**State:**	**Zip:**
Home Phone #:			**Home Phone #:**		
Occupation:			**Occupation:**		
Employer:			**Employer:**		
Work Phone #:			**Work Phone #:**		
Email Address:			**Email Address:**		

_____
Parent or Guardian Signature **Date**

FOR OFFICE USE ONLY

- ☐ Birth Certificate
- ☐ Baptismal Certificate, Dated _____
- ☐ Immunization Record
- ☐ Emergency Card
- ☐ Promissory Note
- ☐ Other _____