

1. Applicant lives with: Both Parents ____ Father ____ Mother ____ Guardian ____

2. Please circle the following if applicable: (if accepted, please provide a copy of the current court order or decree relating to the custody/conservatorship of this Applicant)

Parents Divorced
Parents Separated

Father Remarried
Mother Remarried

Father Deceased
Mother Deceased

3. Please circle Ethnic Origin of Applicant: (optional) Hispanic/Latino Not Hispanic/Latino

4. Please circle Race of Applicant: (optional)

Asian
Black
White

Native American
Native Hawaiian
Pacific Islander

Two or More Races: _____
Other: _____

5. Father's Full Name _____
Home Address (if different from Applicant) _____

City _____ State _____ Zip(+4) _____ Phone (____) _____

Place of Employment _____ Occupation _____

Business' Street Address _____

City _____ State _____ Zip(+4) _____ Phone (____) _____

6. Mother's Name _____

Mother's Maiden Name _____

Home Address (if different from Applicant) _____

City _____ State _____ Zip(+4) _____ Phone (____) _____

Place of Employment _____ Occupation _____

Business' Street Address _____

City _____ State _____ Zip(+4) _____ Phone (____) _____

7. Step-Parent's or Guardian's Name _____

Home Address (if different from Applicant) _____

City _____ State _____ Zip(+4) _____ Phone (____) _____

Place of Employment _____ Occupation _____

Business' Street Address _____

City _____ State _____ Zip(+4) _____ Phone (____) _____

8. Step-Parent's or Guardian's Name _____

Home Address (if different from Applicant) _____

City _____ State _____ Zip(+4) _____ Phone (____) _____

Place of Employment _____ Occupation _____

Business' Street Address _____

City _____ State _____ Zip(+4) _____ Phone (____) _____

9. Record of previous schools attended including Pre-School and Mother's Day Out:

Grade	Name of School and Location (city)	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Reason for transfer: _____

11. Does the Applicant have any special learning needs (ADHD, dyslexia, autism spectrum, etc.) or physical needs? Yes ___ No ___ If yes, please explain.

12. Has the Applicant had any academic testing done by a public school, physician, or other diagnostic service above and beyond standardized testing? Yes ___ No ___ If yes, please explain and provide a copy.

13. Is the Applicant bilingual? Yes ___ No ___ If yes, what languages?

14. Please indicate other information you feel would be helpful to us in evaluating the candidate such as medications taken or recent changes in the home setting.

15. Members of Applicant's family who have attended or are attending Holy Rosary Catholic School:

Name	Relationship	Years Attended	Year Graduated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Name of public school to which the Applicant is zoned:

School: _____ **District:** _____

17. How did you learn about Holy Rosary Catholic School? _____

18. Why do you want your child at Holy Rosary Catholic School? _____

CHURCH

____ Registered Parishioner of Holy Rosary Catholic Church, Rosenberg (Envelope/I.D. # _____)
____ Catholic, Non-Parishioner; Name of Parish: _____
____ Non-Catholic; Religious Affiliation: _____

I certify that, to the best of my knowledge, the information given on this application is true, complete and correct. I understand that providing false information will be grounds for dismissal of a student without a refund of any tuition or fees.

Signature of Parent of Guardian

Date

APPLICATION DOCUMENTS AND PROCEDURES

COMPLETE APPLICATION CHECKLIST:

Pre-K and Kindergarten

- Completed Application (incomplete applications will not be considered)
- Certificates of:
 - Birth (state issued)
 - Social Security Card
 - Baptism, where applicable
 - Immunization Records (signed or stamped by doctor)

Grades 1-8

- Completed Application (incomplete applications will not be considered)
- Certificates of:
 - Birth (state issued)
 - Social Security Card
 - Baptism, where applicable
 - First Reconciliation, where applicable
 - First Holy Communion, where applicable
- Copies of Academic Records
 - Latest Report Card
 - Standardized Test Scores
 - Cumulative Records
 - Immunization Records (signed or stamped by doctor)
 - Letter of Recommendation (from a principal, teacher or counselor)
 - Completed Release of Records Form

COMPLETE APPLICATION PROCEDURE (incomplete application will not be considered)

Pre-K – 8th Grade

- Complete Application Package
- New Student Testing Fee
- New Student Testing

All students, regardless of race, color or creed, will be accepted if they meet the school's admission requirements.