



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 – 8<sup>th</sup> 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.*