



St. Rocco School

"Sharing the love of the Heart of Christ!"

931 Atwood Avenue

Johnston, RI 02919

Fax 401/944-3019

Tel. 401/944-2993

www.stroccoschool.org

APPLICATION FOR ADMISSION

| | | | |
|----------------------------------|----------------------|--------------------------|---------------------------|
| GRADE APPLYING FOR _____ | | DATE _____ | |
| STUDENT'S FULL NAME _____ | | HOME PHONE (____) _____ | |
| <small>LAST</small> | <small>FIRST</small> | <small>MIDDLE</small> | |
| HOME ADDRESS _____ | | | |
| <small>NUMBER AND STREET</small> | <small>CITY</small> | <small>STATE</small> | <small>ZIP CODE</small> |
| PRESENT AGE _____ | GENDER: M F | BIRTHDATE ____/____/____ | PLACE OF BIRTH _____ |
| | | <small>M/D/YEAR</small> | <small>CITY/STATE</small> |

| | |
|----------------------------------|-------------------------|
| SCHOOL PRESENTLY ATTENDING _____ | PRESENT GRADE _____ |
| ADDRESS _____ | |
| <small>NUMBER AND STREET</small> | <small>CITY</small> |
| <small>STATE</small> | <small>ZIP CODE</small> |
| <small>PHONE</small> | |

| PLEASE PRINT CLEARLY | | |
|---|-----------------------|-----------------------|
| Family Data | Mother/Legal Guardian | Father/Legal Guardian |
| Title (Mr., Mrs., Ms.) | | |
| Name | | |
| Street | | |
| City | | |
| State & Zip Code | | |
| Home Telephone # | | |
| Cellular # | | |
| E-Mail Address | | |
| Name of Employer | | |
| Occupation | | |
| Business Telephone/Ext. | | |
| Maiden Name | | ----- |
| If applicable, attach legal documentation | | |
| Custody | | |
| Court Order | | |

| | | | |
|--|---------------------|----------------------|-------------------------|
| If applicant is not living with both parents, to whom and at what address should mail be sent. (No P.O. BOXES) | | | |
| NAME _____ | | | |
| ADDRESS _____ | | | |
| <small>NUMBER AND STREET</small> | <small>CITY</small> | <small>STATE</small> | <small>ZIP CODE</small> |

PERSON RESPONSIBLE FOR PAYMENT OF TUITION

NAME _____

ADDRESS _____

NUMBER AND STREET

CITY

STATE

ZIP CODE

RELATION TO STUDENT _____

(CIRCLE ONE) RELIGION INFORMATION

ROMAN CATHOLIC: _____

NAME OF PARISH (ROMAN CATHOLIC ONLY)

CITY

BUDGET # (IF ST. ROCCO CHURCH)

NON-CATHOLIC: (IF NON-CATHOLIC, PLEASE STATE CHILD'S RELIGION) _____

NO FORMAL RELIGION

PLEASE CIRCLE PREDOMINANT ETHNIC BACKGROUND (FOR DATA PURPOSES ONLY)

NATIVE AMERICAN

ASIAN

BLACK

HISPANIC

WHITE

MULTI RACIAL

NATIVE HAWAII /PAC ISL

UNKNOWN

MANDATORY EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS - MINIMUM 2)

Emergency Name#1 _____ Relationship _____

Phone # _____ Cell# _____

Emergency Name#2 _____ Relationship _____

Phone # _____ Cell# _____

Emergency Name#3 _____ Relationship _____

Phone # _____ Cell# _____

Allergies _____

FUND RAISING RESPONSIBILITY

Every family is responsible for contributing to St. Rocco School's fundraising efforts. This money is accounted for in the annual school budget. All families are required to contribute \$400.00 per family. This fee is added to your tuition plan. All monies raised by you through specified school sponsored fundraisers will be applied to your account as a one time credit in January.

I hereby apply for admission to St. Rocco School and agree to the policies set forth in this application. I have enclosed the non-refundable registration fee of \$100 per family and the non-refundable general fee of \$150 per child (Grades Pre-Kindergarten through 8).

Signature of Parent/Guardian _____

Date _____

FOR OFFICE USE ONLY

| | | | | |
|----------------------------------|-------------|-------------|-------|----------------------|
| REGISTRATION FEE | () | GENERAL FEE | () | FEE W/ _____ / _____ |
| BIRTH CERTIFICATE | YES () | NO | () | DATE _____ |
| IMMUNIZATION RECORD | YES () | NO | () | DATE _____ |
| BAPTISMAL RECORD | YES () | NO | () | DATE _____ |
| 1 ST PENANCE | YES () | NO | () | DATE _____ |
| 1 ST COMMUNION RECORD | YES () | NO | () | DATE _____ |
| AMOUNT PAID _____ | CK. # _____ | CASH | _____ | RECD. BY _____ |