



A ROMAN CATHOLIC SCHOOL

# Saint Rocco School

*Sharing the Love of the Heart of Christ!*

931 Atwood Ave. • Johnston, RI 02919

Tel: (401) 944-2993 • Fax: (401) 944-3019 www.stroccoschool.org

## 2024-2025 APPLICATION FOR ADMISSION

STUDENT'S FULL NAME \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

LAST FIRST MIDDLE

HOME

ADDRESS \_\_\_\_\_ 1 \_\_\_\_\_

NUMBER AND STREET CITY STATE ZIP CODE

PRESENT AGE \_\_\_\_\_ GENDER: M F BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

M/D/YEAR CITY/STATE

GRADE APPLYING FOR \_\_\_\_\_ **\*\*\*PK3/4 & PK4/5 ONLY:**  5 DAYS **OR**  3 DAYS (PLEASE INDICATE DAYS BELOW)

M  T  W  TH  F

SCHOOL PRESENTLY ATTENDING \_\_\_\_\_

PRESENT GRADE \_\_\_\_\_

(If St. Rocco School – Omit next line)

ADDRESS \_\_\_\_\_

NUMBER AND STREET CITY STATE ZIP CODE PHONE

PLEASE PRINT CLEARLY AND FILL IN ALL REQUESTED INFORMATION

**\*\*PLACE A ✓ IN THE BOXES BELOW IF THE INFORMATION IS THE SAME AS THE STUDENT'S ABOVE.\*\***

Family Data	Mother/Legal Guardian	Father/Legal Guardian
Street	<input type="checkbox"/>	<input type="checkbox"/>
City	<input type="checkbox"/>	<input type="checkbox"/>
State & Zip Code	<input type="checkbox"/>	<input type="checkbox"/>
Home Telephone #	<input type="checkbox"/>	<input type="checkbox"/>
Cellular #		
Title (Mr., Mrs., Ms.)		
Name		
E-Mail Address		
Name of Employer		
Occupation		
Business Tel./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 \_\_\_\_\_

NUMBER AND STREET CITY STATE ZIP CODE

**CHRIST** is the reason for this school.

*~in our minds, on our lips, and always in our hearts~*

OVER

**PERSON RESPONSIBLE FOR PAYMENT OF TUITION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NUMBER AND STREET CITY STATE ZIP CODE

RELATION TO STUDENT \_\_\_\_\_

**RELIGION INFORMATION**  
 (CIRCLE ONE)

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

**ETHNIC BACKGROUND**

PLEASE **CIRCLE** PREDOMINANT (FOR DATA PURPOSES ONLY)

NATIVE AMERICAN ASIAN BLACK HISPANIC  
 WHITE NATIVE HAWAII / PAC ISL UNKNOWN MULTI RACIAL

St. Rocco School does not discriminate on the basis of race, color, gender, nationality or ethnic origin.

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

#1 Emergency Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

#2 Emergency Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

#3 Emergency Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Allergies \_\_\_\_\_

**FUND RAISING RESPONSIBILITY**

Every family is responsible for contributing to St. Rocco School fundraising efforts. This money is accounted for in the annual school budget. All families are required to contribute \$500.00 per family. PK3 & PK4 (3) Day family contribution is \$300; however, the family contribution is based on the oldest child's grade level. 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 after 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 \$175 per child.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

**FOR OFFICE USE ONLY**

BIRTH CERTIFICATE	YES ( )	NO ( )	DATE _____
IMMUNIZATION RECORD	YES ( )	NO ( )	DATE _____
BAPTISMAL RECORD	YES ( )	NO ( )	DATE _____
1 <sup>st</sup> PENANCE	YES ( )	NO ( )	DATE _____
1 <sup>st</sup> COMMUNION RECORD	YES ( )	NO ( )	DATE _____
REGISTRATION FEE	YES ( )	NO ( )	
GENERAL FEE	YES ( )	NO ( )	FEES W/ _____ / _____
AMOUNT PAID _____	CK. # _____	CASH _____	RECD. BY _____ DATE _____