



**ST. ROSE OF LIMA SCHOOL NEW STUDENT APPLICATION**  
4422 E 60<sup>th</sup> St. Maywood, CA 90270

Phone: (323) 560-3376  
www.sroflimaschool.org

**ENROLLING STUDENT INFORMATION**

<b>2019-2020 Application</b>		<b>Please bring the following documents with this application</b>					
		Birth Certificate			Baptism and/or First Communion Certificate		
		Immunization Records			Current Report Card		
First Name		Middle Name			Last Name		
Address		City			State		Zip Code
Gender:	Male ___	Female ___		Birthdate		Religion	
<b>SACRAMENTAL INFORMATION</b>		Baptized	Yes ___	No ___	First Communion	Yes ___	No ___
<b>Ethnicity</b>						Citizenship	
Native American Filipino Asian African Am. Hispanic White Multiracial							
<b>Name of Current School:</b>						Current Grade	
<b>What language does your child speak at home?</b>							

**ENROLLING STUDENT'S FAMILY INFORMATION**

Primary E-Mail Address:	Language Spoken at Home:
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**FATHER**

First Name	Middle Name	Last Name	
Address (if different from student)	City	State	Zip Code
Occupation	Work Phone	Cell Phone	
Birthplace	Religion	Marital Status	

**MOTHER**

First Name	Middle Name	Last Name	
Address (if different from student)	City	State	Zip Code
Occupation	Work Phone	Cell Phone	
Birthplace	Religion	Marital Status	

**GUARDIAN (ONLY IF STUDENT DOES NOT LIVE WITH PARENT)**

First Name	Middle Name	Last Name	
Address (if different from student)	City	State	Zip Code
Occupation	Work Phone	Cell Phone	
Birthplace	Religion	Marital Status	

**GENERAL INFORMATION**

Are you a registered, contributing member of St. Rose of Lima Parish?	Yes ___	If Yes, Env. # _____	No ___
If not, where do you attend Mass?	Are you registered there?		Yes ___ No ___
Does your child currently attend Religious Education classes?	Yes ___	No ___	If Yes, Where: _____

**Child lives with: Please circle one**

Both Parents    Mother Only    Father Only    Other: \_\_\_\_\_

**Childs Citizenship:**

I wish to enroll my child in St. Rose of Lima School because:

Signature of Parent or Guardian:

Date:

Signature of Parent or Guardian:

Date:

**For St. Rose of Lima School Office Use Only**

**Documents submitted:**

\_\_\_\_\_ Entrance Exam

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Baptismal Certificate, if applicable

\_\_\_\_\_ First Communion Certificate, if applicable

\_\_\_\_\_ Report Card

\_\_\_\_\_ State Test / STAR Test

\_\_\_\_\_ Immunization Record

\_\_\_\_\_ Registration Fee Paid in Full

\_\_\_\_\_ Registration Packet

\_\_\_\_\_ CEF Application, if applicable (must turn in taxes)

\_\_\_\_\_ School Scholarship Application, if applicable (must turn in taxes)