

## St. Rose of Lima School

4422 E. 60<sup>th</sup> St, Maywood, CA 90270 Phone: (323) 560-3376

www.sroflimaschool.org Date: \_ Applying for Grade: \_\_\_\_\_ Student Information ———— First Name: \_\_\_\_\_ Middle Name: \_\_\_\_ Last Name: \_\_\_\_ Date of Birth: \_\_\_\_\_\_ Birthplace: \_\_\_\_\_ Gender: Male \( \Bar{\pi} \) Female \( \Bar{\pi} \) Address: City: State: Zip code: Child's First spoken language?\_\_\_\_\_\_ US Citizen: Yes □ No □ If not, Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_ Baptized: Yes  $\square$  No  $\square$  First Communion: Yes  $\square$  No  $\square$ Ethnicity: Hispanic  $\square$  White  $\square$  Multiracial  $\square$  Filipino  $\square$  Asian  $\square$  African American  $\square$  Native Am.  $\square$ Last/Current School: \_\_\_\_\_ City: \_\_\_\_ Grade: \_\_\_\_\_ Child lives with: Both Parents  $\square$  Mother Only  $\square$  Father Only  $\square$  Mother & Stepfather  $\square$  Father & Stepmother  $\square$ Father's Information -First Name: \_\_\_\_\_ Middle Name: \_\_\_\_ Last Name:\_\_\_\_ Address (if different from student): City & State: State: Zip Code: Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_ Email: \_\_\_\_\_ Birthplace: Religion: Marital Status: First Name: \_\_\_\_\_ Middle Name: \_\_\_\_ Last Name: \_\_\_\_ Address (if different from student): \_\_\_\_\_ City & State: \_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_ Email: \_\_\_\_\_ Birthplace: Religion: Marital Status: Legal Guardian Information First Name: Last Name: Last Name: Address (if different from student): City & State: \_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_ Cell Phone: \_\_\_\_ Cell Carrier: \_\_\_\_\_ Email: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_

| Additional Information —   |              |
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| I wish to enroll my child in St. Rose of Lima School because:                              |              |
| 1 Wish to Chilon his Child in St. Rose of Emilia School Beedase.                           |              |
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| Parish Information —   |              |
| Are you a registered, contributing member of St. Rose of Lima Parish? No $\Box$ Yes $\Box$ | ☐ Envelope # |
| If not, where do you attend mass?  |              |
| Are you registered there? No $\square$ Yes $\square$                                       |              |
|  |              |
| Parent/Legal Guardian Name:  |              |
| Signature: D   | vate:        |
|  |              |
| Cell Phone Number:   |              |