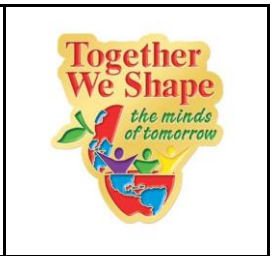


Celebrating Over 55 Years of Excellence!

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
A Roman Catholic School



APPLICATION FOR ADMISSION

STUDENT'S FULL NAME _____ HOME PHONE (____) _____

LAST FIRST MIDDLE

HOME ADDRESS _____

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 & PK4 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~

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

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 _____
1st PENANCE YES () NO () DATE _____
1st COMMUNION RECORD YES () NO () DATE _____

REGISTRATION FEE YES () NO ()
GENERAL FEE YES () NO () FEES W/ _____ / _____

AMOUNT PAID _____ CK. # _____ CASH _____ RECD. BY _____ DATE _____