



Diocese of Rockford
555 Colman Center Drive
P.O. Box 7044
Rockford, Illinois 61125

Catholic Education Office

(815) 399-4300
Fax (815) 399-6278

Student Enrollment Verification Form

(Please print clearly and be sure to sign where indicated)

Family Information

Family Last Name: _____ Date: _____

Mother's Name: _____ Father's Name: _____

Address: _____

City: _____ State: Illinois Zip: _____

Parent Signature: X _____

Student Information

Student Name: _____ Birth Date: _____ Grade: ____

Student Name: _____ Birth Date: _____ Grade: ____

Student Name: _____ Birth Date: _____ Grade: ____

Student Name: _____ Birth Date: _____ Grade: ____

School Information

School: _____

Address: _____

City: _____ State: Illinois Zip: _____

Principal: _____

Office Use Only

Administrator's Signature: X _____

Phone Number: _____ Date: _____