



## 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

School Year \_\_\_\_\_ - \_\_\_\_\_

(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: \_\_\_\_\_