



**DIOCESE OF ROCKFORD
ENROLLMENT APPLICATION**

Date: _____

SCHOOL: _____ CITY: _____

CHILD'S NAME: _____ ENTERING GRADE: _____

GENDER OF CHILD: _____ PHONE: HOME: _____

MOBILE(P1): _____ MOBILE(P2): _____

ADDRESS: _____ CITY: _____ ZIP: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

SCHOOL LAST ATTENDED: _____

CHILD'S RELIGION: _____ HOME PARISH: _____

BAPTISM DATE: _____ CHURCH: _____

RECONCILIATION: (Y/N) _____ CHURCH: _____

FIRST COMMUNION: (Y/N) _____ CHURCH: _____

CONFIRMATION: (Y/N) _____ CHURCH: _____

CHILD LIVES WITH: *(Check all that apply)*

BOTH PARENTS _____ MOTHER _____ FATHER _____ RELATIVE _____ GUARDIAN _____

STEPMOTHER _____ STEPFATHER _____ OTHER _____

IF MOTHER AND FATHER DIVORCED, WHO HAS LEGAL CUSTODY? _____

DO MOTHER AND FATHER HAVE JOINT CUSTODY? YES/NO _____

NAME OF THE PERSON WITH WHOM YOU HAVE JOINT CUSTODY _____

A certified copy of the Custody Agreement and Joint Parenting Agreement, if any, must be attached to this form.

IS THERE A PROTECTIVE ORDER IN PLACE REGARDING YOUR CHILD? YES/NO _____

A certified copy of the Protective Order must be attached to this form.

SPECIAL NEEDS

HAS THIS CHILD BEEN ATTENDING SPECIAL EDUCATION OR TITLE 1 CLASSES? Y/N _____

DOES THIS CHILD HAVE SPECIAL NEEDS OF WHICH THE SCHOOL SHOULD BE AWARE? Y/N _____

IF YES, PLEASE EXPLAIN _____

(Or attach explanation to this Form)

ARE THERE SPECIAL CIRCUMSTANCES ABOUT THE CHILD'S HOME OR SCHOOL SITUATION OF WHICH YOU BELIEVE THE SCHOOL SHOULD BE MADE AWARE? Y/N _____

IF YES, PLEASE EXPLAIN _____

(Or attach explanation to this Form)

PARENT 1: _____

ADDRESS: _____

EMAIL ADDRESS: _____

OCCUPATION: _____ EMPLOYER: _____

RELIGION: _____ MOBILE CARRIER: _____

WORK PHONE: _____ HOME PHONE: _____

MARRIED ___ DIVORCED ___ SEPARATED ___ DECEASED ___ REMARRIED ___ SINGLE ___

PARENT 2: _____

ADDRESS: _____

EMAIL ADDRESS: _____

OCCUPATION: _____ EMPLOYER: _____

RELIGION: _____ MOBILE CARRIER: _____

WORK PHONE: _____ HOME PHONE: _____

MARRIED ___ DIVORCED ___ SEPARATED ___ DECEASED ___ REMARRIED ___ SINGLE ___

IF APPLICABLE, PLEASE CHECK ONE AND COMPLETE THE FOLLOWING INFORMATION:

STEPFATHER ___ STEPMOTHER ___ GUARDIAN ___ OTHER _____

NAME: _____ MAIDEN NAME: _____

ADDRESS: _____ PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

RELIGION: _____ MOBILE CARRIER: _____

WORK PHONE: _____ HOME PHONE: _____

IS THE CHILD HISPANIC OR LATINO? ___ YES ___ NO

RACE: ___ White ___ Black/African American ___ American Indian/Alaska Native ___ Asian
___ Native Hawaiian/Pacific Islander ___ Two or More Races ___ Unknown

(This information needed for State and/or National reports.)

THE PUBLISHED FAMILY LIST MAY INCLUDE OUR: ADDRESS ___ PHONE ___ NEITHER ___

REGISTRATION FEE OF \$ _____ PAID BY CHECK # _____ CASH

MATERIALS (BOOK) FEE OF \$ _____ PAID BY CHECK # _____ CASH

OTHER: _____

CUSTODIAL PARENT/GUARDIAN NAME: _____

SIGNATURE: _____

This form is not intended to constitute nor should it be viewed as creating a "contract" between the School and the student/parent. The School reserves the right to revoke its acceptance of this application, deny enrollment and/or dismiss the student in keeping with applicable School and/or Diocesan policies. Neither this form nor any other written document issued by the School (including, but not limited to, the student handbook) should be considered to be a "contract."