

Mrs. Sharon Johnston, Principal  
St. Rose of Lima Elementary  
115 North Biesecker Road  
Thomasville, PA 17364  
Phone: 717-792-0889



Father Dominic Azagbor, OP, Pastor  
St. Rose of Lima Church  
950 West Market Street  
York, PA 17401  
Phone: 717-846-4935

## St. Rose Elementary School Registration

Please complete and email to Administrative Assistant, Amy Lillich, at [alillich@stroseschoolpa.org](mailto:alillich@stroseschoolpa.org).

Name(s) of Student(s):	Gender	DOB	Grade
_____	Male/Female	_____	_____
_____	Male/Female	_____	_____
_____	Male/Female	_____	_____
_____	Male/Female	_____	_____

### Parent/Guardian Information

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

*We have a parent alert system in place that will contact you via text and/or email. It is imperative that you provide a current, active email address and at least 1 cell phone number per family.*

Family Address: \_\_\_\_\_  
\_\_\_\_\_

Public School District in which you reside: \_\_\_\_\_

Last school child attended: \_\_\_\_\_

Ethnicity: Please circle most appropriate

Caucasian      Hispanic      American Indian/Native Alaskan      Asian  
African American      Native Hawaiian/Pacific Islander      Multi-Racial

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## St. Rose Elementary School Registration Page 2

**Spiritual: Please circle one**

Catholic

Non-Catholic

**Church/Parish:** \_\_\_\_\_

**Sacraments Received: Please include Church, City/State, and Date**

**Baptism:** \_\_\_\_\_

**First Penance:** \_\_\_\_\_

**First Eucharist:** \_\_\_\_\_

**Family Information:**

**Student(s) reside with:**

Biological Parents  
Grandparents

Single Parent  
Other: \_\_\_\_\_

**Additional Children (Name(s)/Age(s):** \_\_\_\_\_

**Special Needs or concerns school should be aware of:** \_\_\_\_\_

*In case of separation or divorce, please provide custodial documentation/court order.*

**Father: Highest level of Education**

High School

Trade School

College

Advanced Degree

**Mother: Highest level of Education**

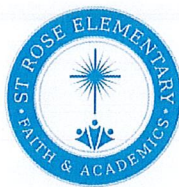
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### St. Rose Elementary School Registration Page 3

**Please print the names of those adults who are permitted to pick-up your child(ren) at school:**

_____	_____
_____	_____
_____	_____
_____	_____

**In the event of an emergency, please list, in order, the top 3 individuals St. Rose should contact:**

1) _____	Phone: _____
2) _____	Phone: _____
3) _____	Phone: _____