

# Holy Rosary Catholic School

W 19th St, Stuttgart, AR 72160  
(870) 673-3211

## STUDENT ENROLLMENT APPLICATION Pre-Kindergarten - Grade 6

A child entering must be of age for the Preschool or Kindergarten grade level on or before August 1 of that school year. **\*\*\*Please**

Print\*\*\*\*\*

Today's Date \_\_\_\_\_

Applying for Grade: Preschool 3 or 4 Kindergarten First Second Third Fourth Fifth Sixth

### STUDENT INFORMATION

Gender: Male Female

NAME

Last First Middle Preferred Name  
Address \_\_\_\_\_

Street No. Apt. # City State ZIP  
Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_  
Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

### FAMILY INFORMATION

Father's Full Name \_\_\_\_\_ Mother's Full Name \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_  
Place of Business \_\_\_\_\_ Place of Business \_\_\_\_\_  
Business Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_  
Cell # \_\_\_\_\_ Cell # \_\_\_\_\_  
Religion \_\_\_\_\_ Religion \_\_\_\_\_  
Father's email \_\_\_\_\_ Mother's email \_\_\_\_\_  
Alumni of our school Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_ Alumni of our school Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_

### GUARDIAN OR STEPPARENT INFORMATION

Stepfather's Full Name \_\_\_\_\_ Stepmother's Full Name \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Place of Business \_\_\_\_\_ Place of Business \_\_\_\_\_  
Business Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_  
Cell # \_\_\_\_\_ Cell # \_\_\_\_\_  
Religion \_\_\_\_\_ Religion \_\_\_\_\_  
Stepfather's email address \_\_\_\_\_ Stepmother's email address \_\_\_\_\_  
Alumni Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_ Alumni Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_

### LIVING SITUATION

Check all applicable  
\_\_\_\_ Lives w/Both Parents \_\_\_\_ Lives w/Mother \_\_\_\_ Lives w/Father  
\_\_\_\_ Lives w/Guardians \_\_\_\_ Parents divorced \_\_\_\_ Parents separated  
\_\_\_\_ Mother deceased \_\_\_\_ Father deceased \_\_\_\_ Mother remarried \_\_\_\_ Father remarried  
Other \_\_\_\_\_

UNLESS WE HAVE COURT RECORDS ON FILE THAT STATE OTHERWISE, BOTH PARENTS HAVE ACCESS TO THE STUDENT AND ALL OF HIS/HER EDUCATION RECORDS.

Siblings

Age/Grade

School Attending

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Paternal Grandparents \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_

No. Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Maternal Grandparents \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

No. Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of Present School \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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### Race (Check only that apply)

\_\_\_\_\_ **Asian** identifies as having origins in Far East, Southeast Asia or Indian Sub-continent Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, Vietnam, etc

\_\_\_\_\_ **American Indian Native Alaskan** identifies as one of the two classifications of native Americans

\_\_\_\_\_ **Black African American** identifies as black whether from US, Africa or other parts of the world

\_\_\_\_\_ **Native Hawaiian Other Pacific Islander** Includes native Hawaiians living anywhere in the US but not non-Hawaiian residents of Hawaii also includes other Pacific Islands; Guam, Samoa, Fiji, Micronesia, Polynesia

\_\_\_\_\_ **White** Caucasian from any part of the world Including **Middle East** and does not identify as one of the other groups

\_\_\_\_\_ **Two or more races** person belongs to more than one racial group

**Ethnicity** \_\_\_\_\_ Hispanic Latino \_\_\_\_\_ Non-Hispanic

Languages spoken in the home \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other specify \_\_\_\_\_

Does your child have any medical issues that the school needs to know about? Yes \_\_\_\_\_ No \_\_\_\_\_  
If \_\_\_\_\_ yes, \_\_\_\_\_ please \_\_\_\_\_ explain \_\_\_\_\_

Has your child ever been evaluated for any special needs? IEP's, 504 Plan, etc. Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever been diagnosed with \_\_\_\_\_ ADD \_\_\_\_\_ LD \_\_\_\_\_ ADHD \_\_\_\_\_ Dyslexia \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ ASD \_\_\_\_\_ Speech Impairment \_\_\_\_\_ Hearing Impairment

Is your child receiving any educational assistance or support services at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

If \_\_\_\_\_ yes, \_\_\_\_\_ please \_\_\_\_\_ explain \_\_\_\_\_

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### RELIGION

Has your child previously applied or been enrolled at Holy Rosary Catholic School? Yes \_\_\_\_\_ No \_\_\_\_\_

Did your child attend a Catholic School or Religious Ed. Program last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Please share with us why you wish to apply to Holy Rosary Catholic School?

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Religion \_\_\_\_\_ Parish/Church \_\_\_\_\_  
Baptism \_\_\_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_ &

Address\_\_\_\_\_Reconciliation Date\_\_\_\_\_Church &  
Address\_\_\_\_\_Communion\_\_\_\_\_Church  
& Address\_\_\_\_\_

#### REQUIRED DOCUMENTS

1. **THE STUDENT'S LAST REPORT CARD, STANDARDIZED TEST SCORES AND ACADEMIC BEHAVIORAL EVALUATIONS MUST ACCOMPANY THIS APPLICATION, IF APPLICABLE.**
2. **A BAPTISMAL CERTIFICATE RECORD MUST BE SUBMITTED FOR ALL NEW CATHOLIC STUDENTS.**
3. **A BIRTH CERTIFICATE AND IMMUNIZATION RECORD MUST BE SUBMITTED FOR ALL NEW STUDENTS.**
4. **FINANCIAL AID/SCHOLARSHIP MUST APPLY THROUGH FACTS OR APPROPRIATE WEBSITE**

ALL APPLICATIONS ARE REVIEWED BY THE PASTOR AND THE PRINCIPAL. PARENTS WILL RECEIVE WRITTEN NOTIFICATION OF THE FINAL DECISION. ALL APPLICATIONS MUST BE RESUBMITTED ANNUALLY.

I attest that all information included on this application form is true and accurate. I understand that any willful omission or untrue statement could result in my child losing his/her seat in Holy Rosary Catholic School.

Parent Signature \_\_\_\_\_Date \_\_\_\_\_

Parent Signature \_\_\_\_\_Date \_\_\_\_\_