



ST. RITA SCHOOL  
FAITH · EXCELLENCE · SERVICE

# Saint Rita School

## 2019-2020 Application

### Faith Excellence Stewardship



## Student Information

Entering Grade in September 2019 \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Gender M \_\_\_\_\_ F \_\_\_\_\_

Place of Birth \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Mother \_\_\_\_\_ Cell Phone Father \_\_\_\_\_

Email Mother \_\_\_\_\_ Email Father \_\_\_\_\_

Child lives with Mother & Father \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Other \_\_\_\_\_  
Please Specify

Language spoken in the home \_\_\_\_\_

Is your child Currently attending school? Yes \_\_\_\_\_ No \_\_\_\_\_ Grade \_\_\_\_\_

If Yes, School \_\_\_\_\_ Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you a St. Rita Alumni? Yes \_\_\_\_\_ No \_\_\_\_\_ Class of \_\_\_\_\_

Are you a St. Rita Parishioner? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Years \_\_\_\_\_ Envelope # \_\_\_\_\_

If not Catholic, than what religion is your child? \_\_\_\_\_

Baptism Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Name of Church \_\_\_\_\_ City & State \_\_\_\_\_

First Reconciliation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Name of Church \_\_\_\_\_ City & State \_\_\_\_\_

First Communion Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Name of Church \_\_\_\_\_ City & State \_\_\_\_\_

Is this student currently receiving:

Special Education Yes No

Related Services Yes No

Has this student ever received:

Special Education Yes No

Related Services Yes No

Please specify these services: \_\_\_\_\_  
(Speech, counseling, etc.)

### Family Information

#### Mother/Stepmother/Guardian

#### Father/Stepfather/Guardian

Name \_\_\_\_\_

Name \_\_\_\_\_

Birthplace \_\_\_\_\_

Birthplace \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Parish \_\_\_\_\_

Parish \_\_\_\_\_

Marital Status \_\_\_\_\_

Marital Status \_\_\_\_\_

Drivers License # \_\_\_\_\_

Drivers License # \_\_\_\_\_

### Sibling Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Current School \_\_\_\_\_

Please include with your application:

- Birth Certificate
- Baptism Certificate
- Immunization Records
- For a new student entering grades 1-8, please be prepared to present recent report cards and progress reports.
- Registration fee \$250.00 Non-refundable Paid \_\_\_\_\_ Date \_\_\_\_\_ Check# \_\_\_\_\_

Both parents are asked to sign

Father or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mother or Guardian \_\_\_\_\_ Date \_\_\_\_\_