



# Saint Rita School

## 2020-2021 Application

### Faith Excellence Stewardship



## Student Information

### Entering Grade in September 2020 \_\_\_\_\_

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 \_\_\_\_\_  
Birthplace \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_  
Religion \_\_\_\_\_  
Parish \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Drivers License # \_\_\_\_\_

Name \_\_\_\_\_  
Birthplace \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_  
Religion \_\_\_\_\_  
Parish \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Drivers License # \_\_\_\_\_

### Sibling Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Current School \_\_\_\_\_

Please include with your application:

- Birth Certificate
- Baptism Certificate
- Immunization Records
- For a new student entering 1<sup>st</sup> – 8<sup>th</sup> grade, 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 \_\_\_\_\_