

580 Broadway  
Chelsea, MA 02150  
617.884.2626 (phone)  
617.889.2345 (fax)  
[www.strosehelsea.com](http://www.strosehelsea.com)

### **2015-2016 New Student Application for Admission**

*Please circle the grade for which you wish to apply:*

**K0** (must be 3 years old by 9/1/15)      **K1** (must be 4 years old by 9/1/15)      **K2** (must be 5 years old by 9/1/15)

**1**                      **2**                      **3**                      **4**                      **5**                      **6**                      **7**                      **8**

*If applying for Grades 1 – 8:*

School attended in 2014-2015: \_\_\_\_\_ Grade: \_\_\_\_\_

#### **PLEASE PRINT CLEARLY**

Student

Name: \_\_\_\_\_  
Last Name                                      First Name                                      Middle Name

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_ Gender:      M      F  
**(circle one)**

Home Telephone: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Language Preference: \_\_\_\_\_

Student Address: \_\_\_\_\_  
Street and Apt # (if any)                                      City                                      State      Zip

Religion: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_

Date of 1<sup>st</sup> Communion: \_\_\_\_\_ Church: \_\_\_\_\_

With whom does the student live? Both parents \_\_\_\_\_ Birth mother \_\_\_\_\_ Birth Father \_\_\_\_\_ Other \_\_\_\_\_

#### **Family Information**

*Mother/Guardian 1:*

Legal Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Apt # (if any)                                      City                                      State      Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Religion: \_\_\_\_\_

*Father/Guardian 2:*

Legal Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Apt # (if any)                                      City                                      State      Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Religion: \_\_\_\_\_

**(continued on the back)**

**Additional Information**

Has your child ever been placed on an Individual Education Plan (IEP) or 504 plan or had a CORE evaluation?

**Yes\***

**No**

**\*If yes, please provide a copy with this application.**

Has your child ever been diagnosed with any learning disabilities?

**Yes\***

**No**

\*If yes, please explain:

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Has your child ever been suspended or expelled from school?

**Yes\***

**No**

\*If yes, please explain:

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Do you intend to use our:                      Before School Care \_\_\_\_\_                      After School Program \_\_\_\_\_

Please indicate the name(s) and grade(s) of any siblings applying to and/or attending St. Rose School:

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Are you a member of St. Rose Parish?

**Yes**

**No\***

\*If no, please list your parish (if any) and city: \_\_\_\_\_

**How did you hear about St. Rose School?**

- Church bulletin/flyer/announcement
- Website
- Friends/family (please list below)
- Another parent (please list below)

Name of Referring  
Family/Person: \_\_\_\_\_

**Documents to submit with this application:**

- Student's Baptismal certificate (if Catholic)
- Student's birth certificate (or passport if born outside the U.S.)
- Student's immunization records and most recent physical exam results
- Student's previous report cards (if applicable)

**By signing below, I certify that the information above is accurate.**

Name of Parent/Guardian (*please print*): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only – Please Do Not Write in this Section:**

_____ <b>Age verified</b>	_____ <b>\$200 Registration Fee</b>	_____ <b>\$350 Family Fee</b>
_____ <b>Birth Certificate</b>	_____ <b>Immunization forms</b>	_____ <b>FACTS Agreement</b>
_____ <b>Baptismal Certificate</b>	_____ <b>Previous report cards</b>	_____ <b>Other Payment Agreement</b>

**Staff sign and date when file is complete:** \_\_\_\_\_