

**QUEEN OF THE ROSARY  
2021-2022 STUDENT REGISTRATION FORM**

The Student Registration Form is part of the registration process and a permanent record to be completed by the parent or guardian. Basic information which appears on all school records comes from the Student Registration Form. It is, therefore, essential that you provide all of the information requested and that it be as complete and accurate as possible.

1. Fill in all the blank spaces.
2. Verify that all information is complete and correct.
3. This form **MUST BE SIGNED** in order to complete the registration.
4. **OFFICIAL** birth certificate and payment for \$125 must be presented in order to complete the student registration.
5. Student **MUST** be toilet trained.
6. An account with **FACTS** Management, our tuition collection company, must be established, complete with payment plan, before the registration is considered complete.
7. We do not accept requests for room/teacher assignments.

**Student Information**

Circle grade:      **Preschool: 3 year   or   4 year**      **Kindergarten:**  
#of days: **3** (M, W, F) or **5** (M-F)      **Half Day   or   Full Day**  
**Half Day   or   Full Day**  
**Grade:** (circle one)   **1   2   3   4   5   6   7   8**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Legal Last, First, Middle

Religion: Catholic Y / N    Baptism Date: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_

Registered Parishioner of: \_\_\_\_\_

Ethnicity : Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Circle only one:    **Yes, Hispanic/Latino** / **No, not Hispanic/Latino**

Race (circle one or more):

**N** = American Indian    **A** = Asian      **B** = Black or African American,      **M** = Multi-racial,  
**P** = Native Hawaiian/Pacific Islander    **W** = White

Last School Attended: \_\_\_\_\_

Would attend public school at: \_\_\_\_\_

Resides in public district: \_\_\_\_\_

Has your child ever been recommended for special education testing: **Y** or **N** If yes, please explain: \_\_\_\_\_

Has retention of your child ever been suggested or discussed:    **Y** or **N** If yes, please explain: \_\_\_\_\_

Does your child have any special needs that Queen of the Rosary should be aware of? (i.e.: medical or academic) **Y** or **N**

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

Will your child be a District 59 bus rider? (Must live more than 1 <sup>1/2</sup> miles away and in District 59.) **Y** or **N**

**Please circle one in each column:**

**Student Lives With:**

1=Both Parents  
2=Mother Only  
3=Mother & Stepfather  
4=Father Only  
5=Father & Stepmother  
6=Legal Guardian  
7=Foster Parent  
8=Other  
9=Both Parents, Dual Residency

**Custody:**

1=Both Parents  
2=Mother  
3=Father  
4=Other  
5=Joint (Separated with  
Shared Custody)

**Title:**

1=Mr. & Mrs.  
2=Mrs.  
3=Mr.  
4=Ms.  
5=Miss

**Relationship:**

1=Mother/Father  
2=Grandparents  
3=Aunt/Uncle  
4=Brother/Sister  
5=Neighbor  
6=Family Friend  
7=Guardian

*If there are any limitations to the non-custodial parent having access to school records or visitation with the student, the principal must be provided with a copy of the legal document which shows the limitations.*

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**PAGE TWO**

**Parent Information**

Please check appropriate box and fill out information for that person:

☐ **Father**↓      ☐ **Stepfather**↓      ☐ **Guardian**↓

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Religion: \_\_\_\_\_

Employed by: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

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

**Parent Information**

Please check appropriate box and fill out information for that person:

☐ **Mother**↓      ☐ **Stepmother**↓      ☐ **Guardian**↓

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Religion: \_\_\_\_\_

Employed by: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

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

Parent or Guardian (School correspondence mailed to the following) . Please print the information below:

Title \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Apt: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Language spoken at home by student: \_\_\_\_\_

Language spoken by parent if different from student: \_\_\_\_\_

Email address: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Sibling/s Name:

Age

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature (**Required**):

Date: \_\_\_\_\_

***PLEASE DO NOT WRITE IN THE SHADED AREA BELOW-FOR OFFICE USE ONLY***

Received Birth Certificate _____	Received Baptis- mal Certificate _____	Paid _____	Cash _____	Check # _____
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