

Saint Rose of Lima Catholic Academy  
 154 Beach 84<sup>th</sup> Street  
 Rockaway Beach, New York 11693  
 (718)474-7079

**REGISTRATION FORM**

**Social Security #:** \_\_\_\_\_

**Student Information**

Student First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Student Last Name: \_\_\_\_\_  
 "Goes By" Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Religious Affiliation: \_\_\_\_\_ Parish / Church: \_\_\_\_\_  
 Baptism Date: \_\_\_\_\_ Penance: \_\_\_\_\_ Communion: \_\_\_\_\_ Confirmation: \_\_\_\_\_

**Family Information – Household I (Where the Student Lives)**

Member I (Relation): \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Member I Cell Phone: \_\_\_\_\_ Member II Cell Phone: \_\_\_\_\_  
 Member II (Relation): \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_  
 City: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Religion Member I: \_\_\_\_\_ Religion Member II: \_\_\_\_\_  
 Parish Affiliation: \_\_\_\_\_ Envelope Number: \_\_\_\_\_  
 Email Member I: \_\_\_\_\_ Email Member II: \_\_\_\_\_  
 Person Responsible for Bill: \_\_\_\_\_

**Family Information – Household II (Additional family, or if others are responsible for bill)**

Member I (Relation): \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Member II (Relation): \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_  
 City: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Religion Member I: \_\_\_\_\_ Religion Member II: \_\_\_\_\_  
 Parish Affiliation: \_\_\_\_\_ Envelope Number: \_\_\_\_\_  
 Email Member I: \_\_\_\_\_ Email Member II: \_\_\_\_\_  
 Person Responsible for Bill: \_\_\_\_\_

**Additional Students to Enroll:**

Name	Grade	SS #	Gender	Date of Birth	Relation	Baptised

**Tuition Payment Plan**

(Check One)

Annual Payment	
10 Month Installments	

**EMERGENCY CONTACT INFORMATION**

Name	Relationship	Phone Number	Child Pick Up?

The registration fee is non-refundable, unless your child is not accepted as a student. If there are any documents missing, your child's application will not be processed. Please feel free to call us, if you have any questions.

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