

Rochester Catholic Schools Registration Form Grades K-8

School Year 20__ - 20__

Registering for: (please check all that apply)

Holy Spirit School

St. John the Evangelist School

St. Francis of Assisi School

St. Pius X School

FAMILY NAME _____

PARISH in which you are

currently registered _____

Father _____ Address _____ City/State/Zip Code _____ Occupation _____ Employer _____ Business Phone _____ Home Phone _____ Cell Phone _____ Email Home _____ Email Work _____ Religion _____ Parish _____	Mother _____ Address _____ City/State/Zip Code _____ Occupation _____ Employer _____ Business Phone _____ Home Phone _____ Cell Phone _____ Email Home _____ Email Work _____ Religion _____ Parish _____	Children live with: (please circle) Father _____ Mother _____ Both _____ Other _____ Custody arrangements: (if applicable) _____ New Family to RCS _____ Returning Family to RCS _____ School last attended
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Please list information for ALL children in grades K-8 who will be attending the Rochester Catholic Schools from your family.

Name _____ (First, Middle, Last) Birthdate _____ Age _____ Ethnic Background _____ Gender _____ Register for grade _____ Religion _____	Name _____ (First, Middle, Last) Birthdate _____ Age _____ Ethnic Background _____ Gender _____ Register for grade _____ Religion _____
Name _____ (First, Middle, Last) Birthdate _____ Age _____ Ethnic Background _____ Gender _____ Register for grade _____ Religion _____	Name _____ (First, Middle, Last) Birthdate _____ Age _____ Ethnic Background _____ Gender _____ Register for grade _____ Religion _____
Name _____ (First, Middle, Last) Birthdate _____ Age _____ Ethnic Background _____ Gender _____ Register for grade _____ Religion _____	Name _____ (First, Middle, Last) Birthdate _____ Age _____ Ethnic Background _____ Gender _____ Register for grade _____ Religion _____

Please list below all younger siblings not yet in school:

Name	Birthdate	Year Likely to Enroll
_____	_____	_____
_____	_____	_____

Continued:

Name	Birthdate	Year Likely to Enroll
_____	_____	_____
_____	_____	_____

My child's registration fee, payable to the **Rochester Catholic Schools** is attached Check Cash

Signature of Mother _____ Signature of Father _____ Signature of Other _____	Date _____ Date _____ Date _____
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Office Use Only Received in School Office _____ Initials _____
