

FOR OFFICE USE ONLY:

Application Date: _____ Shadow Date: _____
Assessment Date: _____
 Birth Certificate Reconciliation Certificate
 Baptismal Certificate First Holy Communion
 Enrollment Packet Sent Enrollment Packet Returned



**ST. RITA
SCHOOL**

Application

Grade student will enroll in 2023-2024 academic year _____

Student Name: (Last) _____ (First) _____ (Middle) _____

Sex: Male Female Date of Birth: ____/____/____ Place of Birth: _____

Ethnicity: Hispanic/Latino Yes No Primary language spoken at home: English Spanish Other _____

Race: (please check all that apply) American Indian Asian Black/African American Pacific Islander White

Father's Name: (Last) _____ (First) _____ (Middle) _____

Street Address: _____

Town: _____ State: _____ ZIP Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____ Employer _____

Occupation: _____

Religion: _____ Parish: _____

Father's Ethnicity: Hispanic/Latino Yes No

Father's Race: (please check all that apply) American Indian Asian Black/African American Pacific Islander White

Mother's Name: (Last) _____ (First) _____ (Maiden) _____

Street Address: _____

Town: _____ State: _____ ZIP Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____ Employer _____

Occupation: _____

Religion: _____ Parish: _____

Mother's Ethnicity: Hispanic/Latino Yes No

Mother's Race: (please check all that apply) American Indian Asian Black/African American Pacific Islander White

Student Lives with: Both Parents: _____ Father: _____ Mother: _____ *Other: _____

Parental Status: Married Separated Divorced Widowed Single Other _____

*If student lives with "Other" guardian, please complete the following:

Name: _____ Relationship to Student: _____

Street Address: _____

Town: _____ State: _____ ZIP Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Sacramental Information: (If student was not baptized at St. Rita Church, please attach a copy of the Baptismal Certificate)

Date of Baptism: ____/____/____

Church: _____ City/Town: _____

Reconciliation Information:

Date of Reconciliation: ____/____/____

Church: _____ City/Town: _____

First Communion Information:

Date of First Communion: ____/____/____

Church: _____ City/Town: _____

Educational Experience: (Please list all schools/day care programs the student has attended)

School Name: _____ City/Town: _____ Grade: _____

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Why do you wish to send your child to St. Rita School?

How did you become aware of St. Rita School?

What is your greatest hope for your child?

Are there any concerns that you have for your child that would help us understand him/her better?

Siblings:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Does your child have a sibling(s) enrolled at St. Rita School? ____ No ____ Yes*

*If you replied "Yes", please state your child(ren)'s full name(s) and current grade(s)

1) _____ 2) _____

3) _____ 4) _____

Please remember to include a \$25 non-refundable application fee. Thank you!