



Holy Rosary Regional School - Juan Diego Academy K-8 Student Registration 2017-18

**Please attach \$150.00 Non-Refundable Registration Fee per Student (max of \$300.00 per family)
After March 25th: \$200 Non-Refundable Registration Fee per Student (max of \$400.00 per family)
New Families Only: \$50 Application Fee**

STUDENT INFORMATION			GRADE:	
Last Name	First Name	Middle Name		
Home Address	City/State/Zip			
Birthdate	Birth Place	Sex	Current Age	
Child resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other Arrangement Parental Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Who has legal custody? _____ Child is: <input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child <input type="checkbox"/> Other				
Ethnic Background. Please Select one: Native American Asian Black Hispanic Pacific Islander White (not Hispanic origin) Mixed Race				
Are you aware of any learning, physical, or emotional difficulties with your child? Yes _____ No _____ If yes, please explain:				
Has your child ever had counselling? Yes _____ No _____ If yes, please explain:				
Does your child have any allergies? Yes _____ No _____ If yes, please explain allergy, reaction and medication to be given. If doctor prescribed, please bring in doctor's note along with instructions on giving medication.				
FATHER/GUARDIAN		Catholic <input type="checkbox"/> YES <input type="checkbox"/> NO		Registered in _____ Parish
Last Name	First Name	Cell Phone		
Home Address	City/State/Zip			
Employer/Occupation				Work Phone
Email (required)	Alternate Email	Other		
MOTHER/GUARDIAN		Catholic <input type="checkbox"/> YES <input type="checkbox"/> NO		Registered in _____ Parish
Last Name	First Name	Cell Phone		
Home Address	City/State/Zip			
Employer/Occupation				Work Phone
Email (required)	Alternate Email	Other		
SCHOOL APPLICATION				
Most Recent School Attended (if applicable):				

EMERGENCY CONTACT INFORMATION – Local Contacts Only Please

Persons to contact in case of an emergency (if parent/guardian cannot be reached) and who are authorized to pick up the student at school.

Emergency Contact Person 1	Cell Phone	Other Phone	Relationship
Emergency Contact Person 2	Cell Phone	Other Phone	Relationship
Emergency Contact Person 3	Cell Phone	Other Phone	Relationship
Emergency Contact Person 4	Cell Phone	Other Phone	Relationship
Emergency Contact Person 5	Cell Phone	Other Phone	Relationship
Babysitter/Daycare Name	Business Phone	Other	Notes:
Local Physician	Address	Insurance / Policy Number	Phone Number
Local Dentist	Address	Insurance / Policy Number	Phone Number

STUDENT SACRAMENTAL INFORMATION:

Baptism Date	Church	City/State/zip
First Eucharist Date	Church	City/State/zip
First Reconciliation	Church	City/State/zip

How did you hear about Holy Rosary Regional School / Juan Diego Academy? If referred, please list name of family.

Grandparents' name and email (to add to Newsletter distribution)

Name: _____ **Email:** _____

Name: _____ **Email:** _____

I understand that by signing I am responsible for providing all required forms such as certificate of immunization (updated) or certificate of exemption prior to the 1st day of school. Please email or fax directly to our office at office@hrrsida.org or 253.404.1804.

Signature: _____ Date: _____