

Resurrection Catholic School
2017-2018 Student Enrolment Application

Date_____

Please Print

APPLYING FOR GRADE: (please circle appropriate choices below)

PK3 Full Day PK3 ½ Day PK4 Full Day PK4 ½ Day K 1st 2nd 3rd 4th 5th 6th
7th 8th 9th 10th 11th 12th

STUDENT INFORMATION:

Legal Name: _____ Student Goes By: _____
Last First Middle

Home Address: _____
Number/Street City State Zip

Mailing Address: _____
(if different from home address)

Home Phone: _____ Date of Birth: _____ Male or Female (circle one)

Place of Birth: _____ SSN: _____
City/State

ETHNIC BACKGROUND: (please circle appropriate choices below)

Native American Indian Asian Black/African-American
Pacific Islander/Hawaiian Caucasian/white Hispanic Other

HOME CONDITIONS: (please circle appropriate choices below)

Marital Status: Married Divorced Single Parent Remarried

Guardianship: Parents Mother Father Grandparent Legal Guardian Joint Custody

*** We will need a copy of any Court documents pertaining to Custody or Guardianship

Student lives with: Both Parents Mother Father Grandparent Legal Guardian Other

Father: Name: _____ Father E-Mail address: _____
Last First

Cell Ph. _____ Ph. _____ Father Employer _____

Father's Physical address: _____
Number/Street City/St. Zip

Father's Mailing address: _____
Number/Street City/St. Zip

Mother: Name: _____ Mother E-Mail address: _____
Last First

Cell Ph. _____ Mother Employer _____ Ph. _____

Mother's Physical address: _____
Number/Street City/St. Zip

Mother's Mailing address: _____
Number/Street City/St. Zip

Other Information: Name of Last School Attended _____

Former School Address _____ School Ph. _____
(Records will be requested directly by RCS. Please make sure to include full contact information.)

Has the pupil ever been the subject of or threatened with, expulsion, suspension, alternative schooling or similar disciplinary measures? Yes No

If yes, explain: _____

Has student ever been charged with any crime? Yes No

If yes, explain: _____

| Siblings | Name | Age | Current School/Grade |
|----------|-------|-------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Is student: (Please circle) Catholic Non-Catholic Name of church _____

If Catholic, what parish _____ If non-Catholic, what religion _____

Sacramental Data: Date Parish Priest

Baptism: _____

Reconciliation: _____

Eucharist: _____

Confirmation: _____

PASTOR'S SIGNATURE REQUIRED EACH SCHOOL YEAR FOR CATHOLIC TUITION RATE

Please note: it is the responsibility of the parent(s) or guardian to obtain the pastor signature

Pastor Signature Date

Medical Information:

All students entering from outside the state of Mississippi must have a Mississippi immunization compliance form.

ALL FINANCIAL OBLIGATIONS MUST BE FULFILLED FOR YOUR CHILD(REN) TO ATTEND RCS.

Tuition will be paid by: Parent(s) Facts Bank Loan Other
(Please choose option above)

Parents/Guardian Signature SSN Date

OFFICE USE ONLY

Registration Requirement: Birth Cert. _____ MS Immun. _____ Baptismal _____ SSN card _____
Medical Card _____ Pastor's signature _____

| | | | |
|---------------------------------------|----------|------------|--------------|
| Registration fee(s) | \$ _____ | Date _____ | Check# _____ |
| Book Fee/Technology | \$ _____ | Date _____ | Check# _____ |
| Drawdown Ticket | \$ _____ | Date _____ | Check# _____ |
| Tuition | \$ _____ | Date _____ | Check# _____ |
| Yearbook | \$ _____ | Date _____ | Check# _____ |
| Debt Service/Activity/Graduation fees | \$ _____ | Date _____ | Check# _____ |