

(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: Check/Cash Facts Other: _____
(Please choose option above – if Other please explain)

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# _____	