

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# _____