

**DIOCESE OF SAN DIEGO  
ST. ROSE OF LIMA SCHOOL 2016/17 APPLICATION FORM**

<input type="checkbox"/>	sibling(s) applying for grade(s) _____
<input type="checkbox"/>	applied last year _____
<input type="checkbox"/>	Graduate of St. Rose – year _____

**PLEASE PRINT CLEARLY**

CHILD'S LEGAL NAME \_\_\_\_\_ APPLYING FOR GRADE \_\_\_\_\_  
LAST FIRST MI

NAME YOU WISH CHILD TO GO BY IN SCHOOL \_\_\_\_\_

MALE  DATE OF BIRTH \_\_\_\_\_ PLACE \_\_\_\_\_  
FEMALE  MONTH DAY YEAR CITY STATE

HOME ADDRESS \_\_\_\_\_  
STREET NO. CITY ZIP

MAILING ADDRESS \_\_\_\_\_  
(if different from above) STREET NO. CITY ZIP

HOME PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOL PRESENTLY ATTENDING & ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU REGISTERED AT ST. ROSE OF LIMA CHURCH? (please circle)
YES NO
IF YES, ENVELOPE # _____ Please attach empty preprinted parish envelope
IF NO, PARISH OF REGISTRATION _____

Current Grade in School \_\_\_\_\_

PUBLIC SCHOOL NEAREST YOUR HOME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ U.S. CITIZEN YES NO  
LAST FIRST MI RELIGION (please circle)

OCCUPATION \_\_\_\_\_ NAME OF BUSINESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ U.S. CITIZEN YES NO  
MAIDEN NAME FIRST MI RELIGION (please circle)

OCCUPATION \_\_\_\_\_ NAME OF BUSINESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

(please circle, if applicable) PARENTS SEPARATED PARENTS DIVORCED  
FATHER DECEASED MOTHER DECEASED

**NAME OF PERSON (OTHER THAN THE ABOVE AND SIBLINGS) WITH WHOM STUDENT LIVES:**

\_\_\_\_\_  
LAST FIRST MI RELATIONSHIP TO APPLICANT

**STEP-PARENT'S NAME:**

\_\_\_\_\_  
LAST FIRST MI OCCUPATION

Interview Date \_\_\_\_\_

Time \_\_\_\_\_

