



Queen of the Rosary Catholic Academy
11 Catherine Street, Brooklyn, NY 11211

Registration Form
For the School Year 2016 - 2017

Student Information

First Name _____ Middle Initial: _____

Last Name _____

Name student likes to be called _____

Circle one: Male Female

Birth date: _____

Address _____ City _____ State _____ Zip _____

Previous School _____

Where does this student fall in the birth order? _____ (1st, 2nd, 3rd)

How many children are in your family? _____

Does this student have an Individualized Education Plan (IEP) on file? Yes No

8) Is this child the oldest child in your family enrolled in this school? Yes No

9) What is the primary language that is spoken in your home? _____

10) What is the name of the church where this student currently worships?

11) Is this student Catholic? Yes _____ NO _____

12) What is the date this student received the sacrament of Baptism? What is the name of the church where she/he was baptized?

_____ Date _____ Name of Church _____

13) If the student has received any of the following sacraments of the Catholic Church, please enter the dates and names of the church:

Penance (approximate date the classes ended): _____
mm/dd/yyyy

_____ Name of Church _____

Communion: _____ Name of Church _____
mm/dd/yyyy

Confirmation: _____ Name of Church _____
mm/dd/yyyy

14) What was the date of this student's first polio vaccine shot? _____

15) What is the city, state, country where this student was born?

_____ City _____ State _____ Country (if USA leave blank)

<p>For office use only</p> <p>STUDENT ON TRIAL YES _____ NO _____</p> <p>Parent Signature _____</p> <p>Date _____</p>
--

Student Name (continued) _____

Family Information _____

Mother's Information ___ Living ___ Deceased **(or primary caregiver)**

Title: _____ (Mrs., Dr., Ms., Miss, etc.)

What is this person's relationship to the student: (mother, step-mother, grandmother, aunt, etc.)

First Name _____ Middle Initial ____

Last Name _____

Address _____ City _____ State ____ Zip _____

Occupation _____

Employer _____

Home Phone (____) ____ - _____

Work Phone (____) ____ - _____ Phone Extension _____

Cell Phone (____) ____ - _____

Mother's Main E-mail Address _____ @ _____

Alternate E-mail Address _____ @ _____

Alternate E-mail Address _____ @ _____

PARENT SIGNATURE _____

Student Registration Form, continued

Student Name (continued) _____

Father's Information _____ **Living** _____ **Deceased**

Title: _____ (Mr., Dr., etc.)

What is this person's relationship to the student: (father, stepfather, grandfather, uncle, etc.)

First Name _____ Middle Initial _____

Last Name _____

Address _____ City _____ State _____ Zip _____

Occupation _____

Employer _____

Home Phone(____) _____ - _____

Work Phone (____) _____ - _____ Phone Extension _____

Cell Phone (____) _____ - _____

E-mail address _____

Contact Address for School Correspondence

Street Address _____

Apartment number _____

Zip Code _____ City _____

Home Phone _____

E-mail Address _____