

FOR OFFICE USE ONLY:

Application Date: _____ Shadow Date: _____
Assessment Date: _____
 Birth Certificate Reconciliation Certificate
 Baptismal Certificate First Holy Communion
 Enrollment Packet Sent Enrollment Packet Returned



**ST. RITA
SCHOOL**

Application

Grade student will enroll in (2021-2022) academic year _____

Student Name: (Last) _____ (First) _____ (Middle) _____

Sex: _____ (Male) _____ (Female) Date of Birth: ____/____/____ Place of Birth: _____

Ethnicity: Hispanic/Latino Yes _____ No _____

Race: (please circle all the apply) American Indian, Asian, Black/African American, Pacific Islander, White

Father's Name: (Last) _____ (First) _____ (Middle) _____

Street Address: _____

Town: _____ State: _____ ZIP Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____ Employer/Occupation: _____

Religion: _____ Parish: _____

Ethnicity: Hispanic/Latino Yes _____ No _____

Race: (please circle all the apply) American Indian, Asian, Black/African American, Pacific Islander, White

Mother's Name: (Last) _____ (First) _____ (Maiden) _____

Street Address: _____

Town: _____ State: _____ ZIP Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____ Employer/Occupation: _____

Religion: _____ Parish: _____

Ethnicity: Hispanic/Latino Yes _____ No _____

Race: (please circle all the apply) American Indian, Asian, Black/African American, Pacific Islander, White

Student Lives with: Both Parents: _____ Father: _____ Mother: _____ Other: _____

Parental Status: Married _____ Separated _____ Divorced _____ Widowed _____ Single _____ Other _____

If other, please complete the following:

Name: _____ Relationship to Student: _____

Street Address: _____

Town: _____ State: _____ ZIP Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Siblings:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Sacramental Information: (If student was not baptized at St. Rita Church, please attach a copy of the Baptismal Certificate)

Date of Baptism: ____/____/____

Church: _____ City/Town: _____

Reconciliation Information:

Date of Reconciliation: ____/____/____

Church: _____ City/Town: _____

First Communion Information:

Date of First Communion: ____/____/____

Church: _____ City/Town: _____

Educational Experience: (Please list all schools/day care programs the student has attended)

School Name: _____ City/Town: _____ Grade: _____

School Name: _____ City/Town: _____ Grade: _____

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Why do you wish to send your child to St. Rita School?

How did you become aware of St. Rita School?

What is your greatest hope for your child?

Are there any concerns that you have for your child that would help us understand him/her better?

Please include a \$25 non-refundable application fee. Thank you!