

**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 2022-2023 academic year \_\_\_\_\_**

Student Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Ethnicity: Hispanic/Latino Yes  No  Primary language spoken at home:  English  Spanish  Other \_\_\_\_\_

Race: (please check all that 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: \_\_\_\_\_

Father's Ethnicity: Hispanic/Latino Yes  No

Father's Race: (please check all that 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: \_\_\_\_\_

Mother's Ethnicity: Hispanic/Latino Yes  No

Mother's Race: (please check all that 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 student lives with "Other" guardian, please complete the following:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**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: \_\_\_\_\_

School Name: \_\_\_\_\_ City/Town: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name: \_\_\_\_\_ City/Town: \_\_\_\_\_ Grade: \_\_\_\_\_

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?

**Siblings:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Does your child have a sibling(s) enrolled at St. Rita School? \_\_\_\_ No \_\_\_\_ Yes\*

\*If you replied "Yes", please state your child(ren)'s full name(s) and current grade(s)

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

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