

Our Lady of the Holy Rosary School
Gardner, Massachusetts

New Student Registration

Date _____

Student's Last Name _____ First Name _____ Middle _____

Student's Social Security Number _____ Male _____ Female _____

Student's address _____ Town/State/Zip _____

Telephone _____ Email address _____

Grade Entering _____

Student lives with: (circle one) both parents mother father other

Parent/Guardian Information:

Father's/Guardian's Name _____

Address _____ City/State/Zip _____

Telephone _____ Cell/Beeper _____

Mailing Address _____ Town/State/Zip _____

(If different from above)

Place of Employment _____ Phone # _____

Mother's Name _____ Maiden name _____

Address _____ City/State/Zip _____

Telephone _____ Cell/Beeper _____

Place of Employment _____ Phone # _____

Number of children attending Our Lady of the Holy Rosary School _____

Names: 1. _____ 3. _____

 2. _____ 4. _____

School last attended (if registering for the first time) _____

Grade last attended _____

Student's date of birth _____

Student's place of birth _____

Race: Native American _____ Black _____ Asian _____ Hispanic _____ White _____ Other _____

Catholic _____ Non-Catholic _____

Parish Registered and Attending _____

Sacraments:

Baptism: Church _____
City/State _____
Date _____

First Eucharist: Church _____
City/State _____
Date _____

Has your child ever been tested for special learning accommodations? Yes _____ No _____

If yes, please specify the Date _____ School _____

Do any of the following apply to your child: preferential seating required _____
dietary restrictions _____
allergies _____
modified curriculum _____
learning difficulties _____
any other special needs _____
(please specify) _____

If you have checked off any of the above, please provide documentation to the school before admission is completed.

Tuition:

Will you be requesting financial aid? _____ Yes _____ No

Name/address of the person who will be responsible for the tuition payments:

Please check method of payment: _____ Annually
_____ Monthly (FACTS contract must be completed)

For Office Use Only

Date registration received _____ Check # _____ Amount _____

FACTS agreement received _____

Commitment form received _____