



# SAINT ROSE *of* LIMA CATHOLIC SCHOOL

- 100 YEARS -

PRAYER | STUDY | COMMUNITY | SERVICE

300 Kings Highway, Haddon Heights, NJ 08035 Ph: (856)-546-6166

## NEW STUDENT APPLICATION

Applying for Grade \_\_\_\_\_ (2024 -2025) Today's Date \_\_\_\_\_

**Application Fee: \$120** (Non-Refundable) due when submitting this application. If you register your child in the Spring, the Application Fee will be applied as the new student Registration Fee of \$120.

*Please print all information:*

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Religion: \_\_\_\_\_ Registered at \_\_\_\_\_ Parish

Baptismal Date: \_\_\_\_\_ Parish: \_\_\_\_\_

**PLEASE INCLUDE THE FOLLOWING ITEMS WITH REGISTRATION FORM:** (Email to [fwatson@strosenj.com](mailto:fwatson@strosenj.com))

Copy of Baptismal Certificate  Copy of Birth Certificate  Letter from Registered Parish (if not St. Rose)

### Mother's Information (Living / Deceased)

Mother's Full Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(if different)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Father's Information (Living / Deceased)

Father's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(if different)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please complete side 2.

**Guardian's Information (If different from parents)**

Guardian's Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

(if different)

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**Other Important Information:**

Public School District the child resides in: \_\_\_\_\_

Do you live 2 or more miles from St. Rose School? \_\_\_\_\_

Child resides with: Both Parents    Mother    Father    Other: \_\_\_\_\_

Are there custody arrangements? \_\_\_\_\_ (If so, Court Orders must be on file in school office prior to September)

Does your child currently have a school service plan? \_\_\_\_\_ Are there any other concerns that you would like the school to be aware of at this time? \_\_\_\_\_

Name of Preschool/School child is currently attending:

School: \_\_\_\_\_

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

Name & age of siblings living at home:

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

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

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

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

**PLEASE RETURN TO THE SCHOOL OFFICE AS SOON AS POSSIBLE.**

In order to be eligible for the **Catholic Tuition Rate** you must be registered in a parish and have a letter (on letterhead) from that parish stating that you are registered. This letter is due at the time of registration. If you are registered at St. Rose of Lima Parish no letter is needed.

Questions? Contact Mrs. Fran Watson: 856-546-6166 ext. 309 [fwatson@strosenj.com](mailto:fwatson@strosenj.com)

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**For Office Use:**

**Notes:**

Date Received: \_\_\_\_\_

Application Fee: Cash: \_\_\_\_\_ Check: \_\_\_\_\_ # \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Registration Form Sent: \_\_\_\_\_