

RONCALLI CATHOLIC HIGH SCHOOL ENROLLMENT FORM 2008-2009

A non-refundable enrollment fee of \$100.00 must accompany this form. Matriculation fee of \$50 must accompany this form if submitted **after March 7, 2008**. Please PRINT/TYPE CLEARLY all information requested below.

Student's Legal Name

Last First Middle Generation (Jr., II, etc.)
Grade 2008-2009 _____ Today's Date _____ SS# _____

Name Student Prefers _____ Home Phone _____ Cell Phone _____

Address _____ City, State, Zip _____

Email: _____

Date of Birth ____/____/____ Gender _____ Race _____ Religion _____

Parish _____ School Presently Attending _____

Elementary School Attended _____

Responsible Parent/Guardian _____

Marital Status: Check any that apply to your family.

____ Married ____ Divorced ____ Separated ____ Single Parent ____ Other-Please Explain:
____ Father Remarried ____ Mother Remarried ____ Father Deceased ____ Mother Deceased

Family Physician _____
Name Address Phone

Emergency Contacts (other than parent):

1. _____
Name Relationship Home # Cell phone work #

2. _____
Name Relationship Home # Cell phone work #

3. _____
Name Relationship Home # Cell phone work #

Name of Brothers/Sisters Address School Grade in 2008-2009

Grandparent Information (This information helps us to better plan events for grandparents & as a extra emergency contact)

Maternal _____
Name Phone

Paternal _____
Name Phone

Legal Parent/Guardian Information:

Relationship type: _____	Relationship type: _____
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Middle Name: _____ Title*: _____	Middle Name: _____ Title*: _____
Cell Phone/Pager: _____	Cell Phone/Pager: _____
Home Phone: _____	Phone unlisted? (Circle one) Yes No (*Title: Mr., Mrs, Dr. etc.)
Home Address: _____	
City, State, Zip: _____	Check if "Mailing Address" is the same as Home address <input type="checkbox"/>
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Work Phone: _____ Ext. _____	Work phone: _____ Ext. _____
Work Email: _____	Work Email: _____
Home Email: _____	Home Email: _____

Additional Parent/Guardian Information:

Relationship type: _____	Relationship type: _____
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Middle Name: _____ Title*: _____	Middle Name: _____ Title*: _____
Cell Phone/Pager: _____	Cell Phone/Pager: _____
Home Phone: _____	Phone unlisted? (Circle one) Yes No (*Title: Mr., Mrs., Dr. etc.)
Home Address: _____	
City, State, Zip: _____	Check if "Mailing Address" is the same as Home address <input type="checkbox"/>
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Work Phone: _____ Ext. _____	Work phone: _____ Ext. _____
Email: _____	Email: _____

We certify that all information on this application is complete, true and accurate. We understand that any information given falsely or withheld may make student ineligible for admission to Roncalli Catholic High School.

Parent/Guardian Signature _____ Date _____

Please sign here if you do **NOT** want your name published in the student directory.

Parent/Guardian Signature _____

If parents/guardian are Alum of Roncalli Catholic, Rummel and/or Notre Dame please print name, school and year of graduation.

_____	_____	_____
Name	School	Year