ST. ROSE-McCarthy Catholic School

1000 N. Harris St. • Hanford, CA 93230 Phone: (559) 584-5218 • Website: www.strosemccarthy.com

2019-20 APPLICATION FOR ENROLLMENT (complete for each child enrolling) PLEASE PRINT

			ENT'S INFORM				
School Year:	Grade:	Gender: M	or F DOB: _	//email			
STUDENT'S NAME:				·		1 '4' 1	
Address:	Last		Firs	t	Middle	Initial	
Number	Street			City/ ST/ Zip	Telephone #	ŧ	
School Previously Attended:			City/ State:			Telephone:	
Baptismal: Date:	_//	Parish:		City:	ST:		
First Communion: Date	e://	Parish	<u> </u>	City:	<u> </u>	ST:	
Ethnicity: [] Caucasia	ın; [] African A	m.; [] Asian/Pa	c. Island.; [] H	ispanic; []Other:			
		Fat	THER'S INFORMA	TION:			
Name:			Employe	er Name & Number:			
Date of birth:		5001	ai Security Num	nber:			
Address if Different fro	m Student's	City/ ST/ Zip		() Cell Phone	() Work Phone		
Catholic: [] Yes [] N				email			
[]			THER'S INFORMA				
Name:			Employe	r Name & Number:			
Date of birth:		Soci	al Security Num	nber:			
Address if Different fro	m Student's	Citv/ST/ Zip		() Cell Phone	() Work Phone		
Catholic: [] Yes [] N		,					
			-	OVIDE GUARDIAN INFORI			
Name:			A -l -l (O:)	/ CT/ 7:-	()		
Birthplace:			Address/City/ ST/ Zip		Home Telephone ()		
			Employer			Work Telephone	
Ot lead Decided With	IID. II D I		FAMILY STRUCTU		Made at 110's de Dani		
Student Resides With: [] Blended Family (Ind			[] Grandparen)ther:	t(s) [] Single Parent-	Mother [] Single Pare	ent–Fat	
Other Children in the F <u>Name(s) – F</u>			<u>Age</u>	School (If Any)		Grade	
1		·					
2							
3							
4							
			THER INFORMAT				
Thank you for choosin	g St. Rose-Mc	CARTHY CATHOL	IC School. Com	ments:			
Ciamatura of Darant/ C				D			