ST. ROSE OF LIMA CATHOLIC SCHOOL
STUDENT ADMISSION APPLICATION 2026-2027

Student Information:

Name_____ Date of Birth_____

Address_____

City/Zip_____

Gender: ☐ M ☐ F

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: ☐ American Indian/Native Alaskan ☐ Asian ☐ Black
☐ Native Hawaiian/Pacific Islander ☐ White ☐ 2 or more Races

Religion: ☐ Catholic ☐ Non-Catholic

Parent Information: ☐ Married ☐ Separated ☐ Divorced ☐ Single ☐ Deceased (Father and/or Mother)
Student lives with ☐ Both Parents ☐ Father ☐ Mother ☐ Other _____

Father's Information: Name _____☐ Natural/Adoptive ☐ Stepfather
☐ Guardian
Address (if different) _____ Phone _____
Email _____Employer _____
Occupation _____Religion/Church Attending _____

Mother's Information: Name _____☐ Natural/Adoptive ☐ Stepmother
☐ Guardian
Address (if different) _____ Phone _____
Email _____Employer _____
Occupation _____Religion/Church Attending _____

Sibling Information (only list if attending St. Rose):

Name Relationship Age/Grade

_____

_____

_____

_____

Academic Information:

If your child has been or is currently enrolled in school, please tell us where so that records may be requested. _____

If your child has been referred for testing, has been tested, or is currently participating in a Special Education program, please tell us where and when so that records may be requested.
_____

Has your child ever been expelled from school? □ Yes □ No
If yes, when and where? _____

Health Information:
Please list any health problems of which the school should be aware such as medications, physical challenges, visual/hearing difficulties, ADD/ADHD, asthma, etc. _____
_____

My signature authorizes my local public school corporation and/or Franklin Community School Corporation to request educational, medical, and/or psychological information regarding my child from the schools he/she previously attended so that appropriate special education programming can continue. This authorizes my local school corporation to arrange services for my child comparable to those described in my child's IEP from previous school. It is understood that these services will continue until the CCC meets to develop and implement a new IEP/ISP.

My signature indicates that I do hereby agree to accept all guidelines set forth by St. Rose of Lima School. I further understand that if my child is accepted, he or she will be expected to follow all the policies of St. Rose School and the Archdiocese of Indianapolis. I also understand that violation of said rules and regulations will be dealt with in accordance to established school and Archdiocesan policies. These guidelines are in effect for all students attending St. Rose of Lima School. We reserve the right to cancel the registration of this student for reason of deficiency in scholarship, unsatisfactory conduct, or any other just cause. I agree to accept the obligation of meeting tuition payments and payments of other regular fees in accordance to school policy for each period of enrollment.

I agree that my child's image and/or work may be used for promotional purposes and marketing unless I provide written notification to the school office.

This application will not be considered final until confirmation is received from the previous school (if applicable) that all financial obligations are current.

Signature of Parent/Guardian _____ Date _____