

OUR LADY OF THE ROSARY CATHOLIC SCHOOL



2237 Waldron Road
Corpus Christi, Texas 78418

Office Phone: (361) 939-9847

Fax : (361)-937-0890

STUDENT ENROLLMENT FORM

Student's Name _____ Grade _____

Social Security Number _____ Religion _____

Address _____ Home Phone _____

Cellular # _____

Place of Birth _____ Date of birth _____

School last attended _____ Date of entry _____

Number of Brothers _____ Number of Sisters _____

Father's Name _____ Married _ Deceased _ Separated _ Remarried _ Single _

Occupation _____ Religion _____

Mother's Maiden Name _____ Married _ Deceased _ Separated _ Remarried _ Single _

Occupation _____ Religion _____

Residing with _____ Father or _____ Mother or _____ Both ; Other _____

Child Sacramental Information: (please circle)

Yes/No Baptism: Date _____ Church _____ Place _____

Yes/No 1st Communion: Date _____ Church _____ Place _____

Yes/No Confirmation: Date _____ Church _____ Place _____