

Our Lady of the Rosary School

Family Application for Registration

School Year applying for: 201__ - 201__

Father's Name: _____

- Check if Father resides with child.

Mother's Name: _____

- Check if Mother resides with child.

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Why did you choose to homeschool your child? _____

Why did you choose OLRs? _____

Curriculum Program

Please indicate the number of students you are registering in each grade with this registration:

___ PK ___ KK ___ 01 ___ 02 ___ 03 ___ 04 ___ 05 ___ 06 ___ 07 ___ 08

___ 09 ___ 10 ___ 11 ___ 12

Consumable Curriculum

For returning OLRs families, please indicate the number of consumable curriculum packages you are requesting with this registration: **(Please note, you must have purchased the indicated grades previously in order to qualify for consumable curriculum).**

___ 01 ___ 02 ___ 03 ___ 04 ___ 05 ___ 06 ___ 07 ___ 08

___ 09 ___ 10 ___ 11 ___ 12