



Application Form
 St. Rita Catholic School
 251 Erdiel Drive, Dayton, Ohio 45415
 937-277-8978 Fax 937-277-8978
 www.stritadayton.org

Student's Information:

Student Name: _____
 Last First Middle
 Address _____ Zip _____
 City State
 Phone # _____ Social Security # _____ Grade Entering _____
 Birth _____ Place _____ Male _____ Catholic _____
 Month Day Year City State Female _____ Non-Catholic _____
 Race: _____ Male _____ Female _____ Religion _____

Special needs of the student: _____
 Public School District _____ Public School student would attend: _____
 Will student use the school bus: Yes _____ No _____
 Current School Attending: _____ Present Grade: _____
 Current school address: _____ Phone # _____

Name of Mother\Guardian: _____ Religion _____
 Birth Mother Stepmother Guardian Deceased: _____ Marital Status: _____
 Address _____ Zip _____ Phone # _____
 City State
 Cell phone #: _____ email address _____
 Occupation: _____ Company: _____ Work Phone # _____
 Highest Education (circle one) High School Some College College Degree Post-Graduate Degree
 Degree: _____ College/University _____

Name of Father\Guardian: _____ Religion _____
 Birth Father Stepfather Guardian Deceased: _____ Marital Status: _____
 Address _____ Zip _____ Phone # _____
 City State
 Cell phone #: _____ email address _____
 Occupation: _____ Company: _____ Work Phone # _____
 Highest Education (circle one) High School Some College College Degree Post-Graduate Degree
 Degree: _____ College/University _____

Student lives with:
 _____ Mother & Father _____ Mother only _____ Mother & Stepfather
 _____ Father & Stepmother _____ Father only _____ Other (_____)
 _____ Joint or shared custody (explain: _____)

Did Mother/Father or Guardian attend St. Rita Catholic School? yes no If yes, year of graduation: _____

If parents/guardians or student attended another Catholic School, list name of school and year of attendance or graduation: _____

Siblings:	Names/Ages	Grade	School

Student Religious Education Background:

SACRAMENTS	BAPTISM	RECONILIATION	FIRST COMMUNION
DATE			
CHURCH			
ADDRESS			
CITY & STATE			

Has the student been Confirmed? _____ If yes what church: _____

What Church is the family a member ? _____

Does your family regularly attend Mass/services at your Church? Yes No

Is your Family an active contributing Member of St. Rita Parish Yes No Other Parish: _____

Sharing Time and Talent:

Please check areas you can share your, Time, Talent and Treasure with our school? (20 hours of family volunteer service hours are required each school year)

- Classroom assistance School Events/Activity Planning Celebrations Committee
- Fund Rising Activities Playground monitor Cafeteria assistant
- Computer/website

List types of talent you can share with our school: _____

SPECIAL NOTES:

- Special information about your child that you feel we should know, please state separate sheet of paper.
- Please request the transfer of all of your child's academic and health records. These must be in our School Office prior to entry in the fall.
- Completion of Registration form does not guarantee enrollment.

Agreement: I give my permission for my son/daughter's picture or quotation to be used by this school and/or the Archdiocese of Cincinnati in promotion of this school, the Archdiocese, and/or Catholic Education Yes No I verify that all information is true and consistent with all tuition aid forms, if completed. I agree to follow the policy and regulations of St. Rita Catholic school.

REGISTRATION DATE _____ SIGNATURE _____

For OFFICE USE

REGISTRATION FEE CASH/CHECK _____

RECEIVED BY _____ DATE _____

- Birth Certificate Baptismal Certificate
- Transportation Tuition Forms Completed
- Custody Testing Immun. Records