



# St. Rose of Lima Catholic Academy

A Catholic EL Education School  
Forming Excellent Catholic Scholars and Faithful Disciples of Jesus



## 2017-2018 Application for Admission

Responding to Christ's call to, "go and make disciples of all nations" (Mt. 28:18), our mission is to support parents in educating and inspiring their children to love God, seek Truth, pursue excellence, and to transform the world as excellent Catholic scholars and faithful disciples of Jesus.

| Student Information         |        |        |      |                 |                   |   |                        |     |  |   |   |  |
|-----------------------------|--------|--------|------|-----------------|-------------------|---|------------------------|-----|--|---|---|--|
| Name:                       |        |        |      |                 |                   |   |                        |     |  |   |   |  |
|                             | Last   |        |      | First           |                   |   | Middle                 |     |  |   |   |  |
| Home Address                |        |        |      |                 |                   |   |                        |     |  |   |   |  |
|                             | Number | Street |      |                 | City              |   |                        | Zip |  |   |   |  |
| Grade Entering (circle one) | PK 3   | PK 4   | K    | 1               | 2                 | 3 | 4                      | 5   | 6  | 7 | 8 | *Please note: Students entering PK must be 3 or 4, entering Kinder must be 5, entering 1st grade must be 6 by October 1st. |
| Date of Birth               | Month  | Day    | Year | Place of Birth: | Sex (circle one): |   | M                      | F   | Please attach a copy of the child's birth certificate. |   |   |  |
| Student's Current School    |        |        |      |                 |                   |   | Phone #:               |     |  |   |   |  |
| Address                     |        |        |      |                 |                   |   | Fax #:                 |     |  |   |   |  |
| Church Baptized:            |        |        |      |                 |                   |   | Date of Baptism        |     |  |   |   |  |
| Church Made 1st Communion:  |        |        |      |                 |                   |   | Date of 1st Communion: |     |  |   |   |  |
| Church Confirmed            |        |        |      |                 |                   |   | Date of Confirmation:  |     |  |   |   |  |

\*A copy of Baptismal, 1st Communion, and/or Confirmation certificate will be needed upon acceptance.

| Family Information                 |             |            |                               |        |                                  |              |  |
|------------------------------------|-------------|------------|-------------------------------|--------|----------------------------------|--------------|--|
| Parent/Guardian 1: Primary Contact | Select One: |            | Mother                        | Father | Guardian                         | Other        |  |
| Name:                              |             |            |                               |        | Cell:                            |              |  |
| Occupation:                        |             |            |                               |        |                                  |              |  |
|                                    | Company     |            |                               |        | Position                         | Work Phone # |  |
| Email:                             |             |            |                               |        | Other Contact:                   |              |  |
| Religion (select one):             | Catholic    | Protestant | Christian- Non Denominational | Jewish | Other (write in space provided): |              |  |
| Parent/Guardian 2:                 | Select One: |            | Mother                        | Father | Guardian                         | Other        |  |
| Name:                              |             |            |                               |        | Cell:                            |              |  |
| Occupation:                        |             |            |                               |        |                                  |              |  |
|                                    | Company     |            |                               |        | Position                         | Work Phone # |  |
| Email:                             |             |            |                               |        | Other Contact:                   |              |  |
| Religion (select one):             | Catholic    | Protestant | Christian- Non Denominational | Jewish | Other (write in space provided): |              |  |



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|   |                             |                          |                      |
|---|-----------------------------|--------------------------|----------------------|
| <b>Student lives with:</b>  | <b>Both Parents</b> _____   | <b>Mother</b> _____      | <b>Father</b> _____  |
|   | _____ <b>Guardian</b> _____ | _____ <b>Other</b> _____ |                      |
| <i>In the space provided please describe any special living arrangements involving the child.</i> |                             |                          |                      |
| <b>Did the parent(s) attend St. Rose?</b>   | <b>Yes</b>                  | <b>No</b>                | <b>If Yes, when?</b> |

| <b>Siblings</b> |            |  |                        |                       |
|-----------------|------------|--|------------------------|-----------------------|
| <b>Name:</b>    | <b>Age</b> | <b>Attended or Attending St. Rose?</b> | <b>Years Attended:</b> | <b>Current School</b> |
|                 |            |  |                        |                       |
|                 |            |  |                        |                       |
|                 |            |  |                        |                       |
|                 |            |  |                        |                       |
|                 |            |  |                        |                       |
|                 |            |  |                        |                       |

**Parish where family is registered:** \_\_\_\_\_

*\*Families that are contributing and registered members of a Catholic parish are eligible for the Affiliated-Catholic tuition discount.*

| <b>Student Educational Background</b> |                               |                                    |   |
|---------------------------------------|-------------------------------|------------------------------------|---|
| <b>School(s) Attended:</b>            | <b>Grades/Years Attended:</b> | <b>Grade(s) repeated (if any):</b> |   |
|                                       |                               |                                    | <i>If grade was repeated, state the reason below:</i> |
|                                       |                               |                                    |   |
|                                       |                               |                                    |   |

**If transferring from another school, please give the reason for the transfer below:**

\_\_\_\_\_



**Please read and respond to the following statements:**

|   |     |    |
|---|-----|----|
| <b>Has an evaluation for academic, learning, behavioral, or attention problems ever been conducted or recommended for your child?</b> | Yes | No |
| <b>If yes, does your child have an ILP, ISP, IEP, 504 plan, or other service plan?</b>  | Yes | No |
| <b>If they have a specialized plan, what type of plan is in place and what was the diagnosis (write in the space provided):</b>       |     |    |

If your child has been evaluated and/or they have a specialized plan, a copy of the plan and/or evaluation report must be submitted with the application. This information is required and will help us determine your child's needs. Failure to disclose any of the above information could result in a denial of the application and/or denial of admission.

**Student Medical History**

|   |     |    |
|---|-----|----|
| <b>Has your child ever been diagnosed as having a physical disability, illness, or condition that limits their life activities?</b> | Yes | No |
| <b>If yes, what was the diagnosis? Please write in the provided space.</b>  |     |    |
| <b>Does your child require any special accommodations at school? If yes, please write in the provided space.</b>                    |     |    |
| <b>Does your physician have any other concerns about your child? If yes, please write in the provided space</b>                     |     |    |
| <b>Is your child currently taking any medications on a regular basis? If yes, please write in the provided space.</b>               |     |    |

**Are there other medical needs or is there other medical information about your child not already disclosed that you wish to provide to the school? If yes, please use the provided space below.**

**Please read the following statement completely before signing:**

I understand that St. Rose of Lima Catholic Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. I understand St. Rose School does not discriminate on the basis of race, age, handicap, color, national or ethnic origin in the administration of its educational policies, admission practices, scholarship and loan programs or athletic or other school administrated programs. I understand St. Rose of Lima Catholic Academy admits handicapped students unless the school cannot provide sufficient care, or make reasonable accommodations for the handicapped child in accord with Archdiocesan Policy No. 2000 concerning student admission. I understand St. Rose of Lima Catholic Academy is available to students and families that seek a Catholic education and that admission is incumbent our child's and family's ability to meet the minimum requirements of the school's program, and cooperate with and support the school's Catholic identity, policies and rules, and the school personnel. I understand that while St. Rose of Lima will always work to the best of its ability to meet the needs of every child, there may be situations and circumstances where the school may not be able to fully meet the needs of my child including, but not limited to disabilities that limit a student's ability to function behaviorally, socially, physically, and academically. I understand this application does not guarantee admission and understand I must provide any required and/or requested documents needed to make a proper admissions determination. In submitting this application, I certify that the information I have given in this application is correct and truthful to the best of my knowledge, and that falsifying or withholding any information may result in the denial of this application or admissions to St. Rose of Lima Catholic Academy.

**Signature:**

**Date:**



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Please respond to the follow questions in the space provided. Attach an additional piece of paper if further space is needed.

**Why do you want your child to receive a Catholic education at St. Rose of Lima Catholic Academy?**

**What are your dreams and hopes for your child? How would you work with us to help them fulfill them?**

**Tell us about your child. What gifts and talents do they have that they would bring to the St. Rose of Lima crew?**



**Student Information Release Form**

I hereby authorize St. Rose of Lima Catholic Academy to obtain and/or inspect verbal and written information and records for the purpose of admissions for the following student:

|             |  |            |  |
|-------------|--|------------|--|
| <b>Name</b> |  | <b>DOB</b> |  |
|-------------|--|------------|--|

|                       |  |
|-----------------------|--|
| <b>Current School</b> |  |
| <b>Address</b>        |  |
| <b>Phone Number</b>   |  |
| <b>Fax Number</b>     |  |
| <b>Email</b>          |  |

The following information should be included:

- Standardized tests (intelligence, aptitude, achievement);
- Academic performance (classroom grades and evaluation);
  - Immunization Record;
  - Birth Certificate;
- Other relevant information on file

In addition to the above requested information, I authorize my child's previous school to divulge any behavioral, discipline, and/or academic concerns regarding my child, either verbally or in writing, to St. Rose of Lima. The person or agency receiving these records must not transfer the information obtained to any other person or agency without obtaining the written consent of the parent or legal guardian, or the student if eighteen years of age or older. All information I hereby authorize to be obtained from this school / institution will be held strictly confidential and cannot be released by the recipient without written permission.

Please send to:  
 St. Rose of Lima Catholic Academy  
 1345 W. Dakota Ave.  
 Denver, CO 80223  
 (303) 733-5806  
 Fax: (303) 733-0125  
 Email: [wearestrose@strosedenver.org](mailto:wearestrose@strosedenver.org)

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date