



Resurrection Catholic Missions of the South, Inc.

Resurrection Catholic School

Enrollment Application for the 2011-2012 Academic Year

Application Date: ___/___/___ New Student: _____ Returning RCS Student: _____ Approved Date: ___/___/___
 Accelerated Reader Fee (\$25.00 per family): \$ _____ Registration Fee (\$100.00 per family): \$ _____
 * Development Fee (\$100.00 per family): \$ _____ * PTA Fees (\$25.00 per student): \$ _____
 Last School Attended (For New Student(s) Only) _____

Final acceptance will be based on the following:

1. Completion of a Placement Test.
2. A review of the Student's Academic Records, Standardized Test Scores, and Conduct Grades.
3. The completion of a parent and student interview.

1st Student's Name _____ / _____

Last First Middle Suffix Preferred Name

Grade _____ Date of Birth ___/___/___ Place of Birth _____

Gender ___M___F Social Security Number # _____ - _____ - _____ Race _____

Church Affiliation _____ Has your child repeated a grade? Yes ___ No ___ Grade Repeated ___

Email Address _____

List any prescribed medicine(s) _____

(Medical information is required to provide proper student care.)

Home Address _____

Street Address Apartment Number

City _____ State _____ Zip _____

County _____ Home Telephone (_____) _____

Other children enrolling at Resurrection Catholic School:

2nd Student's Name _____ / _____

Last First Middle Suffix Preferred Name

Grade _____ Date of Birth ___/___/___ Place of Birth _____

Gender ___M___F Social Security Number # _____ - _____ - _____ Race _____

Church Affiliation _____ Has your child repeated a grade? Yes ___ No ___ Grade Repeated ___

Email Address _____

List any prescribed medicine(s) _____

(Medical information is required to provide proper student care.)

3rd Student's Name _____ / _____

Last First Middle Suffix Preferred Name

Grade _____ Date of Birth ___/___/___ Place of Birth _____

Gender ___M___F Social Security Number # _____ - _____ - _____ Race _____

Church Affiliation _____ Has your child repeated a grade? Yes ___ No ___ Grade Repeated ___

Email Address _____

List any prescribed medicine(s) _____

(Medical information is required to provide proper student care.)

4th Student's Name _____ / _____

Last First Middle Suffix Preferred Name

Grade _____ Date of Birth ___/___/___ Place of Birth _____

Gender ___M___F Social Security Number # _____ - _____ - _____ Race _____

Church Affiliation _____ Has your child repeated a grade? Yes ___ No ___ Grade Repeated ___

Email Address _____

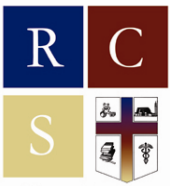
List any prescribed medicine(s) _____

(Medical information is required to provide proper student care.)

2815 Forbes Road Montgomery, AL 36110

(334) 265-4615 * FAX (334) 265-7988

Please look for more information on our WEBSITE: www.rcs-rcmsouth.org



Resurrection Catholic Missions of the South, Inc. Resurrection Catholic School

Family Information

Father's Name _____ / _____
Last First Middle Suffix Title (e.g., Mr., Rev., Dr.)

Home Address _____
(if different from student) Street Address Apt. #

City _____ State _____ Zip _____ County _____

Home Tel. (____) _____ Cell (____) _____ Email _____

Social Security # _____ - _____ - _____ Driver's License # / State _____ / _____

Employer's Name _____ Job Title _____

Employer's Address _____

Work Tel. (____) _____ Ext. _____ Work Email _____

Church Affiliation _____ Marital Status _____

Emergency Contact: ____ Yes ____ No Allowed to pickup child: ____ Yes ____ No

Are you an Alumnus of Resurrection Catholic School? ____ Yes ____ No Year of 8th Grade Graduation _____

Mother's Name _____ / _____
Last First Middle Suffix Title (e.g., Ms., Mrs., Rev., Dr.)

Home Address _____
(if different from student) Street Address Apt. #

City _____ State _____ Zip _____ County _____

Home Tel. (____) _____ Cell (____) _____ Email _____

Social Security # _____ - _____ - _____ Driver's License # / State _____ / _____

Employer's Name _____ Job Title _____

Employer's Address _____

Work Tel. (____) _____ Ext. _____ Work Email _____

Church Affiliation _____ Marital Status _____

Emergency Contact: ____ Yes ____ No Allowed to pickup child: ____ Yes ____ No

Are you an Alumnus of Resurrection Catholic School? ____ Yes ____ No Year of 8th Grade Graduation _____

Maiden Name _____

Guardian's Name _____ / _____
Last First Middle Suffix Title (e.g., Mr., Mrs., Rev., Dr.)

Home Address _____
(if different from student) Street Address Apt. #

City _____ State _____ Zip _____ County _____

Home Tel. (____) _____ Cell (____) _____ Email _____

Social Security # _____ - _____ - _____ Driver's License # / State _____ / _____

Employer's Name _____ Job Title _____

Employer's Address _____

Work Tel. (____) _____ Ext. _____ Work Email _____

Church Affiliation _____ Marital Status _____

Emergency Contact: ____ Yes ____ No Allowed to pickup child: ____ Yes ____ No

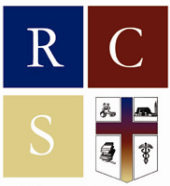
Are you an Alumnus of Resurrection Catholic School? ____ Yes ____ No Year of 8th Grade Graduation _____

Maiden Name _____

With whom does the child(ren) live?: ____ Mother ____ Father ____ Guardian ____ Other ____
Important: If divorced, the custody section of the divorce decree is required

2815 Forbes Road Montgomery, AL 36110
(334) 265-4615 * FAX (334) 265-7988

Please look for more information on our WEBSITE: www.rcs-rcmsouth.org



Resurrection Catholic Missions of the South, Inc.

Resurrection Catholic School

Emergency Contact Information

In case of accident or illness, please notify the following if the custodial parent cannot be contacted.

	<u>Emergency contact person(s)</u>	<u>Home#</u>	<u>Work#</u>	<u>Cell #</u>	<u>Relationship</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Persons Authorized to pick up your child

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

All families are required to pay tuition through F.A.C.T.S. Tuition Management Co. unless tuition payments are made annually or semi-annually.

View Your Child's World is mandatory for all new parents. Successful completion of the program is required for continued enrollment in Resurrection Catholic School.

I attest that the information on this application is correct. I assume responsibility for notifying the school office of any changes. I agree to abide by Resurrection Catholic School's policies with regard to governance of Resurrection Catholic School. I understand that non-compliance may result in my child's inability to continue as a student in Resurrection Catholic School.

Parent/Guardian Signature

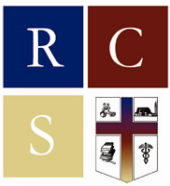
Print Name

Date

2815 Forbes Road Montgomery, AL 36110

(334) 265-4615 * FAX (334) 265-7988

Please look for more information on our WEBSITE: www.rcs-rcmsouth.org



Resurrection Catholic Missions of the South, Inc.

Resurrection Catholic School

REGISTRATION CHECKLIST

Student Name: _____ Grade: _____ Enrollment Date: ____/____/____

DOB ____/____/____ SS# ____/____/____

Parent(s) Name: _____ Primary Contact # (____) _____

_____ Enrollment Application

_____ Application Fee - \$25.00 (per family)
(Money Order/Cashier's Check only)

_____ Birth certificate (original copy required)

_____ Social Security Card (copy accepted)

_____ Alabama Certificate of Immunization (Blue Form)

_____ F.A.C.T.S. Management Agreement Form

_____ Voided Check or Saving Account Number for F.A.C.T.S.

_____ **Early Registration Fee per Family - \$75.00 (Register and pay fee by February 17, 2010)**
(Money Order/Cashier's Check only)

_____ Registration Fee per Family - \$100.00 **(due by May 1, 2010)**
(Money Order/Cashier's Check only)

_____ Late Fee - \$50.00 **(after May 1, 2010)**
(Money Order/Cashier's Check only)

_____ Development Fee per Family - \$100.00
(Money Order/Cashier's Check only)

_____ PTA Fee per Family - \$25.00
(Money Order/Cashier's Check only)

_____ Copy of last report card, test scores, and disciplinary record form previous school

_____ View Your Child's World Agreement Form

_____ Entrance test/interview with the principal/assistant principal

_____ Federal Programs Survey Form

_____ Physical report if your child is entering preschool

Revised 2/2/2010 /Copeland

2815 Forbes Road Montgomery, AL 36110

(334) 265-4615 * FAX (334) 265-7988

Please look for more information on our WEBSITE: www.rcs-rcmsouth.org

