



***Student Information:***

Name \_\_\_\_\_

Grade for 2020-2021 \_\_\_\_\_

Current School Name and Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates attended \_\_\_\_\_

***Parent Information:***

Name/s \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number/s \_\_\_\_\_

Email/s \_\_\_\_\_

Why do you desire to send your child to Saint Rose Catholic School?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any significant medical issues?  No  Yes

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child receive special therapy services (i.e. speech) ?  No  Yes

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child received remedial services (i.e. Title I)?  No  Yes

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have a diagnosis which makes them eligible for special education services (i.e. learning disability, Otherwise Health Impaired Minor)?

No  Yes Please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have an existing IEP, 504 Plan, Student Minor Adjustment Plan SMAP or Service Plan?  No  Yes *If "Yes," please submit a copy with this application.*

I have attached a copy of my child's most recent report card with this application.  
 Yes  No

*I give permission for Saint Rose Catholic School to communicate with my child's current school regarding my child.*

Signature/s of Parent/s \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

**Please submit this form by mail, fax or email to:**

Saint Rose Catholic School  
217 E. Front Street  
Perrysburg, OH 43551  
Phone: 419-874-5631  
Fax: 419-874-1002  
schumaker@saintroseonline.org



Evaluation for (Student Name) \_\_\_\_\_

Evaluator Name \_\_\_\_\_

Position \_\_\_\_\_

School \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

How long has this student been enrolled at your school? \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Does this student have an existing IEP, 504 Plan, Student Minor Adjustment Plan (SMAP) or Service Plan? \_\_\_No \_\_\_Yes If "Yes," please submit a copy with this application.

Are there any types of educational accommodations made for this student?

\_\_\_No \_\_\_Yes Please explain: \_\_\_\_\_

Attendance to date for 2019-2020:

# of excused absences \_\_\_\_\_

# of unexcused absences \_\_\_\_\_

# times tardy \_\_\_\_\_

Does this student have any outstanding financial obligations to the school?

\_\_\_No \_\_\_Yes Please explain: \_\_\_\_\_

Has this student ever received disciplinary action from school administration?

\_\_\_No \_\_\_Yes Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please comment on this student's academic characteristics.

---

---

---

Please comment on this student's personal characteristics.

---

---

---

Signature of Evaluator \_\_\_\_\_

Date \_\_\_\_\_

**Please submit this form by mail, fax or email to:**

Saint Rose Catholic School  
217 E. Front Street  
Perrysburg, OH 43551  
Phone: 419-874-5631  
Fax: 419-874-1002  
schumaker@saintroseonline.org