

2020-2021

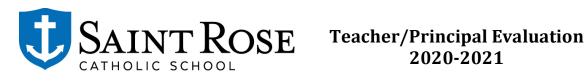
Student Information: Name Grade for 2020-2021 **Current School Name and Address** Dates attended _____ Parent Information: Name/s _____ Address Phone number/s Email/s Why do you desire to send your child to Saint Rose Catholic School? In which school do you anticipate enrolling this student for the <u>2021-2022</u> school year?

Does your child have any significant medical issues?NoYes
Please explain:
Does your child receive special therapy services (i.e. speech)?NoYes
Please explain:
Has your child received remedial services (i.e. Title I)?NoYes
Please explain:
Does your child have a diagnosis which makes them eligible for special education services (i.e. learning disability, Otherwise Health Impaired Minor)?
NoYes Please explain:
Does your child have an existing IEP, 504 Plan, Student Minor Adjustment Plan SMAP or Service Plan?NoYes If "Yes," please submit a copy with this application.
A copy of your child's most recent report card must be submitted with this application.
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



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:

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