



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 2021-2022 school year?

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.*

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



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 2019-2020:

of excused absences _____

of unexcused absences _____

times tardy _____

Attendance 2020-2021:

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 _____

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