PSR ENROLLMENT FORM

ST. ROSE OF LIMA-MOUNT VERNON
CATHOLIC CHURCH

FORMS DUE BY AUGUST 19, 2025

Forms can be put in the box in the gathering space or given directly to Tammie Hopper

PARENT'S INFORMATION

Virtus Trained (please choose one)

FATHER'S NAME: _____ ☐ Yes ☐ No

FATHER'S EMAIL: _____ **FATHER'S PHONE:** _____

☐ Yes, I am available and would like to help in the classroom

☐ No, at this time I am unable to help in the classroom

Virtus Trained (please choose one)

MOTHER'S NAME: _____ ☐ Yes ☐ No

MOTHER'S EMAIL: _____ **MOTHER'S PHONE:** _____

☐ Yes, I am available and would like to help in the classroom

☐ No, at this time I am unable to help in the classroom

ADDRESS: _____

_____

_____

_____

ARE YOU A REGISTERED MEMBER OF:

☐ ST. ROSE ☐ ST. LOUIS ☐ ST. JOE OST ☐ OTHER: _____

STUDENT INFORMATION

NAME	GRADE ('25-'26)	ALLERGIES	SCHOOL