



St. Rose Philippine Duchesne Catholic School
"The Shining Star: Enlightening Minds, Reflecting Faith"
3500 St. Catherine Street
Florissant, MO 63033
Office: 314-921-3023

Enrollment Application

Today's Date: _____

Parent/Guardians' Names:

Father: _____

Mother: _____

Address: _____

Phone: Home _____ Work _____ (Mother or Father)

Email: Mother (circle one: work/ home) _____

Father (circle one: work/ home) _____

How did you hear about St. Rose Philippine Duchesne School? (check all that apply)

We are parishioners Friend attends Received a mailing Website Other _____

Student Name: _____ Male ___ Female ___

Student Birthday: _____ Grade for which student is applying: _____

Current School or Pre-school of student: _____

Student Name: _____ Male ___ Female ___

Student Birthday: _____ Grade for which student is applying: _____

Current School or Pre-school of student: _____

Student Name: _____ Male ___ Female ___

Student Birthday: _____ Grade for which student is applying: _____

Current School or Pre-school of student: _____

Student Name: _____ Male ___ Female ___

Student Birthday: _____ Grade for which student is applying: _____

Current School or Pre-school of student: _____

Please return this form to the school office by mail or fax to (314) 921-6724.