



ST. MARY CATHOLIC SCHOOL
Student Registration Form
2019-2020

PLEASE PRINT ALL INFORMATION

DATE OF APPLICATION _____ GRADE ENTERING _____

STUDENT INFORMATION/DATA:

Last Name _____ First Name _____ Middle _____

Suffix (Jr., III, etc.) _____ Nickname (name student goes by) _____

Address _____ City/State/Zip _____

Phone _____ Social Security No. _____ Gender: Male Female

Race/National Origin: White Black Asian Hispanic Native Hawaiian/Pacific Islander
 American Indian/Native Alaskan Multi Racial

Date of Birth (mm/dd/yy) _____ Place of Birth (city and state) _____

Religion _____ Present Parish _____

SCHOOL HISTORY

Public School Zone (Public school your child would attend) _____

Schools Attended (List most current first)

School	Grades Attended	Location (Address)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever been suspended or expelled? _____

Has your child been retained? Yes No

If so what grade? _____

Has your child ever been diagnosed with:

A learning disability Yes No

Attention deficit disorder Yes No

Central auditory processing disorder Yes No

Is there documentation to verify diagnosis? Yes No

Has your child ever been prescribed medication for any of the above disorders? Yes No

Has your child had an IEP (Individual Education Plan)? Yes No

Has your child ever been enrolled in special classes? Yes No

Does your child have any other special needs/disabilities? Please explain: _____

STUDENT SACRAMENTAL HISTORY

Baptismal Date _____ Parish _____
First Reconciliation Date _____ Parish _____
First Communion Date _____ Parish _____

Parent/Guardian Information:

Please circle one: Father/Stepfather/Guardian

Please circle one: Mother/Stepmother/Guardian

Last Name _____

Last Name _____

First Name _____

First Name _____

Middle Name _____

Middle Name _____

Suffix (Sr., Jr., III, etc.) _____

Maiden Name _____

Title (Dr., Mr., etc.) _____

Title (Dr., Mrs., etc.) _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Primary e-mail _____

Primary e-mail _____

Place of Work _____

Place of Work _____

Work Phone _____

Work Phone _____

Alternate e-mail _____

Alternate e-mail _____

Father's Religion _____

Mother's Religion _____

Marital Status: Parents married Parents divorced Parents separated
 Mother remarried Father remarried Single parent
 Mother has legal custody Father has legal custody Joint custody
 Father deceased Mother deceased Legal guardian

Student currently lives with:

Mother Father Stepmother Stepfather
Grandmother Grandfather Guardian

If parents are divorced, who has primary custody? _____

DOCUMENTATION OF CUSTODY MUST BE GIVEN AT TIME OF REGISTRATION

Are you an Alumnus of St. Mary School? _____ Year Graduated _____

Other Children in Family Please List:

Name	Age	School

I certify that all responses given on this application are true and complete. I understand that the falsification and/or omission of fact may result in denial of admission or removal of student from St. Mary Catholic School.

_____ **Parent Signature**

This is a pre-registration form for 2019-2020 for planning purpose only. It is not a contract. Non Refundable Registration Fee is due with this form.