

St. Mary School
Faith, Family and Academic Excellence
REGISTRATION FORM

(Please Print)

Today's Date:		Date enrolled:	
STUDENT INFORMATION			
Student's Legal: Last name:		First:	Middle:
Birth date:	Age:	Sex: <input type="radio"/> M <input type="radio"/> F	Place of Birth:
Street Address:		Cell Phone:	Birth certificate number (4K)
P.O. Box:		City:	State: Zip Code:
PARENT INFORMATION			
Father's legal name:			
Father/religion	Address (if different than above):		Home phone #: ()
Are you a St. Mary Parish member <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what parish are you registered with?			
Occupation:	Employer:	Employer's address:	Employer's phone #: ()
Mother's legal name:			
Mother/religion	Address (if different than above):		Home phone #: ()
Are you a St. Mary Parish member <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what parish are you registered with?			
Occupation:	Employer:	Employer's address:	Employer's phone #: ()
Number of children in family? _____			
Number of children enrolled in St. Mary School? _____			
Will your children be riding a school bus? (Please contact WARCO for drop off time and location)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list the name of each child that will attend St. Mary's			
Name	Birth date	Birthplace	Baptism date/place
			Grade in school
IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):		Relationship to child:	Home phone: Work #: () ()
Parent/Guardian signature _____		Date _____	