



*St. Mary of the Assumption Catholic
School*

*611 Jennings Road
Van Wert, OH 45891*

Phone: 419-238-5186

Fax: 419-

2017-2018 NEW STUDENT REGISTRATION

Student Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Alternate Phone number: (____) _____

E-mail Address: _____

Age: _____ Birth date: _____ School District of Residence _____

Registering for Grade: _____ School Year: _____ Previous School experience (include preschool): _____

Has student previously applied to St. Mary's Catholic School? _____ When? _____

Does student have siblings? If yes, please list name(s), age(s), and grade(s): _____

Does the student have any special needs? Specify: _____

Does the student have an *Individualized Education Plan* (IEP)? _____ Please provide a copy.

CULTURAL HERITAGE OF APPLICANT: please check all that apply

___ Asian, ___ African American, ___ Hispanic American, ___ American Indian, ___ Caucasian (Anglo)

___ Multi-Race, ___ Non-American: (please specify) _____,

U.S. Citizen? Yes ___ No ___ If no, visa status _____

RELIGIOUS INFORMATION OF APPLICANT

___ Catholic ___ Non-Catholic

Baptism _____ (date); Attach copy of Baptismal record.

Church of Baptism _____

City _____ State _____

PARENT GUARDIAN INFORMATION:

Parents are (check one that applies):

___ married, ___ divorced, ___ separated, ___ deceased mother, ___ deceased father

Student resides with (check all that apply):

___ both parents, ___ mother, ___ father, ___ step-father, ___ step-mother, ___ guardian

Who has legal custody of applicant: ___ both parents, ___ mother, ___ father, ___ other

Is there a custody order pertaining to this child? Yes ___ No ___ If yes, please provide a copy.

Send all correspondence to:

___ Home address of Applicant ___ Other _____

If this student is accepted, financial obligation will be assumed by (check all that apply):

___ both parents, ___ father, ___ mother, ___ guardian, ___ Other: specify _____

Father or Guardian:

Mr., Dr. Name

Home Address (if different from student)

City County State Zip

Current Church City State

Employer

Position/Occupation

Business Address

Mother or Guardian:

Mrs., Ms., Dr. Name (Include Maiden Name)

Home Address (if different from student)

City County State Zip

Current Church City State

Employer

Position/Occupation

Business Address

STATEMENT OF ACCURACY AND AUTHENTICITY (please read and sign):

I have read and understood this application, and further certify the information and attached documents (birth certificate, immunization records, and social security card) are complete and accurate to the best of my knowledge. I agree to communicate in writing to the principal any changes contained herein even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy of any information herein, or omission of information requested herein, the school reserves the right to revoke admission of this applicant.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date