



*St. Mary of the Assumption Catholic  
School*

*611 Jennings Road  
Van Wert, OH 45891*

*Phone: 419-238-5186*

*Fax: 419-*

**2016-2017 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