

**Registering Family Information**

Family Name:

Family Address: (street, city, state, zip code)

Family Home Telephone:

Family Email:

**Father/Guardian Information**

Father Guardian Name: (last, first, middle)

Home Telephone Number: (If different than family)

Cell Phone Number:

Home Address: (If different than family)

Father/Guardian Email Address:

Occupation:

Employer/Company Name:

Can You Be Contacted at Work? (circle one)

Yes No

If Yes, Work Telephone Number:

**Mother/Guardian Information**

Mother Guardian Name: (last, first, middle)

Home Telephone Number: (If different than family)

Cell Phone Number:

Home Address: (If different than family)

Mother/Guardian Email Address:

Occupation:

Employer/Company Name:

Can You Be Contacted at Work? (circle one)

Yes No

If Yes, Work Telephone Number:

**Important Custody Information (if applicable)**

Do parents have shared parental responsibility? (circle one)

Yes No If yes, please provide a copy of the court order.

Is there a visitation order or other court order banning either parent from removing the student or coming into contact with the student during the school day? (circle one)

Yes No If yes, please provide a copy of the order.

**Referral**

Did a St. Mary School Family refer you? If so, Whom?

**Illness/Emergency Dismissal Information**

Provide the name(s) of person(s), other than parents, allowed to pick up the student.

Name (First, MI, Last)	Relationship to Student	Phone #

Do not allow my child(ren) to be picked up by:

**Family Medical Treatment Release Form**

Primary Doctor or Clinic:	Address:	Phone Number:
Dentist:	Address:	Phone Number:
Other Health Care:	Address:	Phone Number:
Insurance Carrier:	Policy Number:	

*Detailed Student Health Forms will be updated at the beginning of the school year.*

I \_\_\_\_\_ (Parent/Guardian) give St. Mary's School and its designated representative permission to transport and sign all forms related to the necessary emergency medical treatment for \_\_\_\_\_ (child(ren)). I also permit any and all required medical treatment to be administered by qualified personnel, including calling 911.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Siblings Not Attending St. Mary's School**

Sibling Name:	Date of Birth:	School:	St. Mary Alumni:

**School Correspondence**

Receiving School Correspondence, please select preference:

Mother:  Voice  Email  Text  Mail    Father:  Voice  Email  Text  Mail



**Student Information – Please fill out completely**

Student Name: (last, first, middle)      Student Gender (circle one)      Student Date of Birth (mm/dd/yy)  
Male      Female

Student Birth Place (city, state)      Student Entering Grade (circle one)  
Preschool 3 days    Preschool 5 days    4K    5K    1    2    3    4    5

Indicate who child lives with (circle one)  
Both Parents    Father    Mother    Grandparent    Foster Parent    Other\_\_\_\_\_

Student Race/Ethnic Origin: (circle one)  
White, Non-Hispanic      Hispanic      Asian/Pacific Islander      Black, Non-Hispanic  
Multiracial      American Indian/Alaskan      Other\_\_\_\_\_

Language spoken at home:

Student Religious Affiliation:      Name of church or parish/location where you are registered:

Has student been baptized? (circle one)    Yes    No    Date/Location:

Has student had first reconciliation? (circle one)    Yes    No    Date/Location:

Has student had first communion? (circle one)    Yes    No    Date/Location:

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Student Name: (last, first, middle)      Student Gender (circle one)      Student Date of Birth (mm/dd/yy)  
Male      Female

Student Birth Place (city, state)      Student Entering Grade (circle one)  
Preschool 3 days    Preschool 5 days    4K    5K    1    2    3    4    5

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