



Kindergarten- Eighth Grade Application

Today's Date: ___/___/___

Application for Grade: _____

Academic Year 20___ - 20___

Child's Full Name: _____

Gender: Male Female

Date of Birth: ___/___/___

Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone Number (_____) _____

FAMILY INFORMATION

Name of Father or Legal Guardian _____

Father's E-mail Address _____ Father's Cell Phone _____

Occupation _____ Name of Company _____

Name of Mother or Legal Guardian _____

Mother's E-mail Address _____ Mother's Cell Phone _____

Occupation _____ Name of Company _____

RELIGIOUS HISTORY OF STUDENT

Church of Baptism _____ Catholic: Yes No

Church of First Communion _____

Are you a registered and a regularly participating member of any Roman Catholic Parish?

Yes No

If yes, which Catholic Parish do you attend?

Sunday Envelope Number

How did you hear about St. Mary School?

SCHOOL HISTORY

Child's Current School _____ City _____ State _____

Preschool _____ City _____ State _____

STUDENT BACKGROUND

Years at current school _____

I give permission for my child's current teacher to be contacted. *Initial here* _____

Teacher's Name _____ School phone Number _____

Has your child previously been in a:

Speech Program Yes No

Gifted Program Yes No

Learning Disability Program Yes No

Physically Challenged Program Yes No

MEDICAL HISTORY (please check yes or no)

Allergies Yes No

Attention Deficit Disorder (ADHD) Yes No

Bone and Joint Illness Yes No

Convulsions or Fainting Yes No

Diabetes Yes No

Eyeglasses Yes No

Emotional Illness Yes No

Hearing Difficulty Yes No

Speech Difficulty Yes No

Visual Difficulty Yes No

Other (specify) _____

The above information is true and correct to the best of my/our knowledge.

Signature _____ Date _____