

St. Mary's Parish School

ENROLLMENT FOR:

Academic Year Beginning: _____ PRESCHOOL ___ PRE KINDERGARTEN ___ GRADE: _____

_____ Male Female
Last Name First Name Middle Name Gender

_____ Address (PO Box, if applicable) City State Zip Telephone Number

____/____/____ _____ _____ _____ _____
Date of Birth Place of Birth Religion Parish City

Yes No ____/____/____ _____
Baptized Baptism Date Parish City
(If yes, please supply Baptismal Record)

Yes No ____/____/____ _____
First Communion First Communion Date Parish City

_____ School Previously Attended (including preschool) City State Dates Attended Grade(s) Attended

_____ School Previously Attended (including preschool) City State Dates Attended Grade(s) Attended

If additional space is needed to list schools previously attended, please list on a separate piece of paper.

Will the above named child require busing? Yes No

Responses to the following item are not required. However, your assistance with this information is highly encouraged.

Race: American Indian Black (not of Hispanic origin) Asian Hispanic White (not of Hispanic origin)

FAMILY INFORMATION

Legal Guardian (if other than parent) **or Custodial Parent** (please provide a copy of the custodial order)

_____ Last Name First Name Middle Initial Relationship

Please provide your address if it is different than the student's address:

_____ Street Address (PO Box, if applicable) City State Zip

Email Address: _____

Telephone [please check (✓) primary number]: Home _____ Work _____ Cell _____

Student Lives With:

Mother and Father Mother Father Mother and Stepfather Father and Stepmother Other _____
(RELATIONSHIP TO STUDENT)

Father:

_____ Last Name First Name Middle Initial

Please provide your address if it is different than the student's address:

_____ Street Address (PO Box, if applicable) City State Zip

Telephone: Home _____ Work _____ Cell _____ Please check (✓) PRIMARY contact number.

_____ Occupation Place of Employment City State

_____ Religion Parish City State

Special Interests, Memberships in Community or Civic Organizations (optional)

Mother:

Last Name	First Name	Middle Initial
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Please provide your address if it is different than the student's address:

Street Address (PO Box, if applicable)	City	State	Zip
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Telephone: Home _____ Work _____ Cell _____ Please check (✓) PRIMARY contact number.

Occupation	Place of Employment	City	State
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Religion	Church/Parish	City	State
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Special Interests, Memberships in Community or Civic Organizations (optional)

Name of Student's Step-parent (if applicable):

Last Name	First Name	Maiden Name
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List Sibling Information (If more space is needed, please list on a separate sheet of paper and attach to this form):

Name	Age	Grade	Gender	School
Name	Age	Grade	Gender	School
Name	Age	Grade	Gender	School

STUDENT MEDICAL AND EMERGENCY INFORMATION

Emergency Contacts (other than child's parents or guardians):

Full Name	Relationship	Area Code & Telephone
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Street Address (PO Box, if applicable)	City	State	Zip
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Full Name	Relationship	Area Code & Telephone
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Street Address (PO Box, if applicable)	City	State	Zip
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Medical

Physician's Name	Address	City	State	Area Code and Telephone
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Dentist's Name	Address	City	State	Area Code and Telephone
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Name of Policyholder (Medical Insurance)	Name of Insurance Company	Policy #
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If you do not have medical insurance, the Diocese of Springfield requires that you purchase school accident insurance.

Does your child have any food allergies (for example: dairy, peanuts, etc.)? Yes No If yes, please list. _____

Does your child have allergic reactions (for example, bee stings)? Yes No If yes, please list. _____

Does your child take medications on a daily basis? Yes No If yes, please list. _____

Does your child require that medication be administered during school hours? Yes No If yes, please list. _____

Does your child require special education services? Yes No If yes, please list. _____

Are your child's immunizations up-to-date? _____

Medical *(continued)*

Is there anything else you would like us to know about your child? Yes No If yes, please list. _____

Agreements

Individual Responsible for Payment of Tuition and Fees:

Full Name	Relationship	Area Code & Telephone
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Street Address (PO Box, if applicable)	City	State	Zip
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In registering our child, I (we) agree to meet the financial and service commitments outlined. Further, I (we) agree to abide by the guidelines established in the school handbook and recognize that failure to do so could result in dismissal.

Parent or Legal Guardian Signature Date

Individual Responsible for Tuition (if not Parent or Legal Guardian) Date

General Information

How did you hear about our school?

What most influenced your decision to enroll your child?

What do you hope your child will gain from this experience?

Is there any additional information that can help us in the classroom? (Please explain)

Please list immediate family members who are *Catholic school alumni/ae* in the Diocese of Springfield:

Last Name	Maiden Name (if applicable)	First Name	School	Years Attended
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Address	City	State	Zip
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Last Name	Maiden Name (if applicable)	First Name	School	Years Attended
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Address	City	State	Zip
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Last Name	Maiden Name (if applicable)	First Name	School	Years Attended
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Address	City	State	Zip
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Last Name	Maiden Name (if applicable)	First Name	School	Years Attended
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Address	City	State	Zip
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