



**Parent/Guardian Information**

Parent #1 \_\_\_\_\_

Parent #2 \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip \_\_\_\_\_

City, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Marital Status \_\_\_\_\_

Marital Status \_\_\_\_\_

Do you have any relatives who are Alumni of St. Mary's Catholic School or St. Joseph's Academy?

\_\_\_ Yes \_\_\_ No     If yes, please list them below

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First Name	Maiden	Last Name	Relationship	Year of Graduation
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First Name	Maiden	Last Name	Relationship	Year of Graduation
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Please list the other children in your family:

Name:	Current Age:	School:	Grade:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your child now taking any medication? Yes No (Name of Medication)

_____
_____
_____

Does your child have any medical life threatening condition including any anaphylactic allergies? \_\_\_\_\_  
If yes, you must have medical clearance from the nurse consultant, prior to your child participating in any Shadow Day or first day of school.

Please list any other needs or questions.

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_____

Upon receiving this application the school will send necessary follow-up paperwork. Thank you for considering St. Mary's Catholic School. If you have any questions or concerns, please do not hesitate to contact the principal, Phillip Scheibmeir, at [pscheibmeir@stmarys-sch.org](mailto:pscheibmeir@stmarys-sch.org) or (903) 893-2127.

Sincerely,  
Phillip Scheibmeir  
Principal  
St. Mary's Catholic School