



## APPLICATION FOR PRE-SCHOOL ADMISSION

A \$30 paper application fee is required for Pre-School students. A \$200 (½ day) or \$225 (full day) registration fee, which includes books and supplies, is due upon acceptance of the student. These fees are non-refundable unless St. Mary's Catholic School cannot accommodate the student.

Please print this form directly from your computer browser. Make as many copies necessary for each child enrolling. To be eligible for Pre-School, the child must turn 3 prior to September.

Academic Year 2018-2019 \_\_\_\_\_ Male \_\_\_\_\_ Female

Applying For (circle one): Pre-K ½-day Pre-K Full-day Pre-K Three day Pre-K Two day

Student's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Last Name First Middle

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Religion: Catholic Non-Catholic (Please circle one) Name of Parish: \_\_\_\_\_

Has child received the sacrament of Baptism? Yes No Date of Baptism? \_\_\_\_\_  
(If Catholic) (If Catholic)

**Parent/Guardian Information**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ethnicity (Please select one)    Hispanic/Latio \_\_\_\_\_    Non-Hispanic/Latino \_\_\_\_\_

Race (Please select all that apply)    Asian \_\_\_\_\_    Black \_\_\_\_\_    Native American \_\_\_\_\_

Native Hawaiian/Pacific Islander \_\_\_\_\_    Two or more races \_\_\_\_\_    Unknown \_\_\_\_\_    White \_\_\_\_\_

Please list the other children in your family:

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

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.

How did you hear about us? \_\_\_\_\_

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