

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 _____

People you want on Emergency Contact or Pickup list that are not listed above.

Name: _____

Number: _____

Relation to child: _____

Ethnicity (Please select one) Hispanic/Latino _____ 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 taking any medication(s)? 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.

Has this child ever been retained in a grade? _____ If yes, please explain.

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 school, at info@stmarys-sch.org or (903) 893-2127.

