

**St. Mary's School  
New Student Registration Form**

Date: \_\_\_\_\_

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

Gender: M \_\_\_ F \_\_\_ Religion: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/ST of birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

*Child resides with:* \_\_\_\_\_  Please provide custody papers if required.

School District of Residence: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_ No \_\_\_

Race: \_\_\_\_\_ St. Mary's Church Parishioner: Yes \_\_\_ No \_\_\_

<b>Sacraments Received:</b>	<b>DATE</b>	<b>CHURCH</b>	<b>CITY/STATE</b>
Baptism	_____	_____	_____
First Communion	_____	_____	_____
Reconciliation	_____	_____	_____
Confirmation	_____	_____	_____

**Father's First Name:** \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work # \_\_\_\_\_

Address and Home Phone (if different than student's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City/ST of birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Email: \_\_\_\_\_

**Mother's First Name:** \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Address and Home Phone (if different than student's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City/ST of birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Emergency Contact Other Than Parents:**

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

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