

**SAINT MARY CATHOLIC SCHOOL
REGISTRATION CARD 2017-2018**

Date of Registration ____/____/____

Registration Fee, Received \$ _____

Student Entering Grade _____

Date Student will begin classes ____/____/____

Student # _____

STUDENT INFORMATION

Student's Legal Last Name _____ Legal First Name _____ Middle Name _____ Nickname/Name Student Goes By _____

Social Security Number _____ Birthdate Month/Day/Year _____ Male/Female _____
Gender _____ Place of Birth City / State / Country _____

Home Phone # _____ Permitted in Directory: Yes () No () Guardian e-mail address _____ Permitted in Directory: Yes () No ()

Student's Phone # _____ Permitted in Directory: Yes () No () Student's e-mail address _____ Permitted in Directory: Yes () No ()

Student Home Address-Permitted in Directory: Yes () No () **Student Mailing Address (if different)**-Permitted in Directory: Yes () No ()

Street Address _____ Street Address or P. O. Box _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Race: (Check one) _____ White _____ Asian _____ Black
_____ Native Hawaiian/Pacific Islander _____ American Indian/Native Alaskan _____ Multi-Racial

Ethnicity: Hispanic or Latino : Yes () No ()

Primary language spoken at home : __English Only; __Chinese; __Italian; __Korean; __Spanish or Spanish Creole; __Other _____

Prior School Attended: _____

What Public School attendance area do you reside in? _____

Student's Religion _____ If Catholic, what Parish is student registered in? _____

Permission to publish student photo in brochures, on web site, or in the newspaper or other similar publications? Yes () No ()

FAMILY INFORMATION

Student Primarily Lives With: (Check one)

_____ Mother and Father _____ Mother _____ Mother/Stepfather _____ Grandparent/Guardian
_____ Father _____ Father/Stepmother _____ Other

If there are custody, visitation, or other legal agreements or orders concerning the student or access to the student's records, please present the paperwork at the time of registration so that a copy may be placed in the records.

Names and ages of siblings: _____

Parent Information:	Mother	Father
Name:		
Occupation:		
Employer:		
Home Phone:		
Cell Phone or Pager Number:		
Work Address:		
Work Phone Number:		
Marital Status:		
Religion:	Alumni: Yes () No ()	Alumni: Yes () No ()
Other Adult Student resides with:	Residing Female Adult Information	Residing Male Adult Information
Name:		
Occupation:		
Employer:		
Home Phone:		
Cell Phone or Pager:		
Work Address:		
Work Phone Number:		
Marital Status:		
Religion:		
Relationship to Student (circle one):	Stepmother / Grandmother / Guardian / Other	Stepfather / Grandfather / Guardian / Other

STUDENT SACRAMENTAL INFORMATION

If Catholic, please give the following information:

Baptism: No () Yes () Eucharist: No () Yes ()
Reconciliation: No () Yes () Confirmation: No () Yes ()

If your child has not received any of the sacraments (Baptism, Reconciliation, Eucharist by grade 3, Confirmation in high school), please contact your parish.

EMERGENCY/HEALTH INFORMATION AND CONSENT

In case of an **emergency** when parent or guardian cannot be reached, contact:

Emergency Contact #1	Name _____	Relationship _____
	Home Phone # _____	Work Phone # _____
		Cell Phone # _____
Emergency Contact #2	Name _____	Relationship _____
	Home Phone # _____	Work Phone # _____
		Cell Phone # _____
Emergency Contact #3	Name _____	Relationship _____
	Home Phone # _____	Work Phone # _____
		Cell Phone # _____

The following persons (in addition to the emergency contacts above) are authorized to pick up my child from school:

Authorized Pickup #1 _____	Authorized Pickup #2 _____	Authorized Pickup #3 _____
Preferred Doctor _____	Phone # _____	Preferred Hospital _____
Preferred Dentist _____	Phone # _____	

I give my permission for my child to receive emergency medical treatment, if necessary: Yes () No ()

I give my permission to call 911 Yes () No ()

List any medical considerations of which the School should be familiar, as well as any medication which the student must take at any time. **If the student must take medication during school hours as prescribed by a doctor** you must turn in a form: Authorization for Administration of Medication #9400-HES-005. This form must be signed by the doctor. (Forms are available from the doctor.)

Please list all allergies: _____

STATEMENT OF COOPERATION

In making application for my child it is my desire to have him/her complete the school year 2017-2018. It is also my understanding that the policy of the school is to make no refunds on registration fees. I hereby agree that my child shall abide by the policies, rules and regulations of Your School at all times. I give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and I absolve the school from liability to me or my child because of loss of property or because of any injury to my child at school or during any school activity.

Parent Signature _____	Parent Signature _____	Date _____
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REFERRAL

How did you hear about our school? _____ Parent Referral (If so, please let us know so we can thank them: _____

_____ Newspaper Advertisement	_____ Billboard	_____ Radio / Television Advertisement
_____ Church Bulletin	_____ Phone Book	_____ Internet Search

FINANCE INFORMATION

Name & address of person responsible for tuition & other financial obligations. (If different from parent or guardians listed above)

Name: _____ Phone #: _____

Address: _____

VERIFICATION INFORMATION (FOR OFFICE USE ONLY)

Pastor Verification: Y() N() Date: _____ Immunization Record (Up to date): Y() N() Date: _____

Baptism Certificate (If Catholic- Elementary Schools Only): Y() N() Date: _____

Physical Examination by Florida Physician/Clinic (For all Elementary Students and High School Athletes Only): Y() N() Date: _____

Birth Certificate (Must be original birth certificate with seal is or a certified copy): Y() N() Date: _____