

# SAINT MARY CATHOLIC SCHOOL REGISTRATION CARD 2018-2019

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 ( )		
_____-_____-_____	_____/_____/_____		
<b>Student Home Address</b> -Permitted in Directory: Yes ( ) No ( )	<b>Student Mailing Address (if different)</b> -Permitted in Directory: Yes ( ) No ( )		
Street Address	Street Address or P. O. Box		
City State Zip Code	City State Zip Code		
_____-_____-_____	_____-_____-_____		
<b>Race: (Check one)</b> _____ 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:		
<b>Relationship to Student</b> (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 2018-2019. 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: \_\_\_\_\_