

PREVIOUS SCHOOL INFORMATION

Last School Attended: _____
 School Name City, State Grades Attended

Reason for transferring: _____

PARENTS' / GUARDIANS' INFORMATION

MOTHER: <input type="checkbox"/> Living <input type="checkbox"/> Deceased	FATHER: <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Does MOTHER have custody / legal access? <input type="checkbox"/> Y <input type="checkbox"/> N IF NO, PLEASE PROVIDE LEGAL PAPERWORK	Does FATHER have custody / legal access? <input type="checkbox"/> Y <input type="checkbox"/> N IF NO, PLEASE PROVIDE LEGAL PAPERWORK
Legal Guardian: <input type="checkbox"/> Grandmother <input type="checkbox"/> Aunt <input type="checkbox"/> Sister <input type="checkbox"/> Other	Legal Guardian: <input type="checkbox"/> Grandfather <input type="checkbox"/> Uncle <input type="checkbox"/> Brother <input type="checkbox"/> Other
<i>Please complete the following for child's parents / guardians, as appropriate.</i>	
Title (i.e. Mrs., Mr., Dr.)	Title (i.e. Mrs., Mr., Dr.)
Name: First Middle Last	Name: First Middle Last
Maiden Name:	
Marital Status: <input type="checkbox"/> Married to: _____ <input type="checkbox"/> Single Parent <input type="checkbox"/> Separated <input type="checkbox"/> Divorced-Single <input type="checkbox"/> Divorced-Remarried	Marital Status: <input type="checkbox"/> Married to: _____ <input type="checkbox"/> Single Parent <input type="checkbox"/> Separated <input type="checkbox"/> Divorced-Single <input type="checkbox"/> Divorced-Remarried
Religion:	Religion:
St. Mary's Alumni? <input type="checkbox"/> Y / Grad Year <input type="checkbox"/> N	St. Mary's Alumni? <input type="checkbox"/> Y / Grad Year <input type="checkbox"/> N
St. Mary's Parishioner? <input type="checkbox"/> Y / Envelope # <input type="checkbox"/> N If N, name of current Church:	St. Mary's Parishioner? <input type="checkbox"/> Y / Envelope # <input type="checkbox"/> N If N, name of current Church:
Place of Birth:	Place of Birth:
Education Level:	Education Level:
Occupation: Employer: Work Phone:	Occupation: Employer: Work Phone:
Cell Phone: Texts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone: Texts: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:	Email Address:

SIBLING INFORMATION

Full Name:	Age / Grade:	Current School:
Full Name:	Age / Grade:	Current School:
Full Name:	Age / Grade:	Current School:
Full Name:	Age / Grade:	Current School:

A \$75.00 registration fee (per child) is due with this application. Your check should be made payable to St. Mary Star of the Sea School. To complete registration, the following are needed: original birth certificate, baptismal or other sacramental certificates and social security card. Transfer students also need report card and medical & dental forms.

I understand my child's records must be received and reviewed, and other admittance requirements met before official acceptance. I have read the tuition agreement and agree to the conditions.

Signature of Parent / Guardian: _____ Date: _____