



St. Mary of the Immaculate Conception School

CONFIDENTIAL ENROLLMENT APPLICATION
2010-2011 SCHOOL YEAR

To expedite your application, please complete all information requested below:

- Application Fee: \$40 (non-refundable)
Photo of Child (Grades K and 1)
Copy of Student's Birth Certificate (Kindergarten Applications MUST be 5 years of age by September 1, 2010)
Copy of Student's Baptismal Certificate
Copy of Student's Latest Report Card (Student's applying for Grades 1-8)

GRADE APPLYING FOR: [] K [] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 [] 8
DATE OF APPLICATION: _____ Sibling of Current St. Mary Student ___ Yes ___ No

STUDENT INFORMATION

BIRTHDATE OF STUDENT ___/___/___

Student Legal Name: _____
Last First Middle Nickname

[] Male [] Female Place of Birth: _____ Country of Citizenship _____

Last School Attended: _____ Phone # _____
School Address: (Street) _____ (City) _____ (State) _____ (Zip Code) _____
Principal: _____ Teacher: _____

Student is living with: [] Both Parents [] Father [] Mother [] Guardian
Religion: [] Catholic [] Other: _____ Parish Attending: _____
Baptism: Date: ___/___/___ Parish: _____ City: _____
Penance: Date: ___/___/___ Parish: _____ City: _____
1st Communion: Date: ___/___/___ Parish: _____ City: _____

FAMILY INFORMATION

[] Father [] Guardian

Name: _____ Religion _____
Home Address (Street) _____ Home Phone _____
City _____ (Zip Code) _____ Cell Phone _____
Business Name _____ Work Phone _____
Occupation _____ Email Address _____
Place of Birth _____ Country of Citizenship _____

[] Mother [] Guardian

Name: _____ Religion _____
Maiden Name: _____ Home Phone _____
Home Address (if different) _____ Cell Phone _____
Business Name _____ Work Phone _____
Occupation _____ Email Address _____
Place of Birth _____ Country of Citizenship _____

Parish of Parents' Marriage _____ City _____

Parish of Current Registration _____ Number of Years _____

Do you regularly use the Sunday Envelope? ___ Yes ___ No

Are you an alumnus of St. Mary School? Father: ___ Yes ___ No Mother: ___ Yes ___ No

1. Please state your reasons for sending your child to St. Mary of the Immaculate Conception School?

(Attach separate sheet as necessary)

2. Does your child have any special needs? ___Yes ___No

If yes, please specify: _____

3. Did your child have any special testing? ___Yes ___No

If yes, what type of testing was done? _____

When? _____ Where? _____

4. For your child's safety, does he/she have any medical condition that we should be aware of?

5. Itemize briefly any involvement you have had within the last five years in your previous parishes and/or schools

APPLICANT'S SIBLINGS:

| NAME | AGE | SCHOOL (If applicable) | GRADE |
|-------------|------------|-------------------------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Parent/Guardian Signature _____ Date _____

ENROLLMENT GUIDELINES

The priority of accepting students at St. Mary School is:

1. Students enrolled the previous year
2. Siblings of current students
3. St. Mary Parishioners
4. Parishioners of other parishes
5. Non-Catholic students

Notice of Nondiscriminatory Policy:

St. Mary School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.