



ST. MARY'S SCHOOL

405 Hollybrook Drive • Longview, Texas 75605 • (903) 753-1657 • FAX (903) 758-7347

REGISTRATION FORM

Date of Application _____ Student Name _____ Grade _____

Please complete all blanks. Type or print legibly.

Family Information

Mailing Name: _____ Parish: _____
 Street Address: _____ P.O. Box: _____
 City/State: _____ Zip: _____ Home Phone: _____ Unlisted? Y N
 When sending mail, address to (choose one)?
 Mr./Mrs. Mr. Mrs. Miss Ms. Dr./Mrs. Mr./Dr. Other: _____

Parent/Guardian Information

| | |
|--|--|
| Relationship: _____ | Relationship: _____ |
| Name: _____ | Name: _____ |
| Street Address: _____ | Street Address: _____ |
| P.O. Box: _____ | P.O. Box: _____ |
| City: _____ State: _____ | City: _____ State: _____ |
| Zip Code: _____ County: _____ | Zip Code: _____ County: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Cell Phone: _____ | Cell Phone: _____ |
| Email Home: _____ | Email Home: _____ |
| Email Work: _____ | Email Work: _____ |
| Employer: _____ Title: _____ | Employer: _____ Title: _____ |
| Work Phone: _____ | Work Phone: _____ |
| Religion: _____ | Religion: _____ |
| Marital Status: _____ | Marital Status: _____ |
| I am interested in volunteering for: _____ | I am interested in volunteering for: _____ |

Student Information

Full Name: _____ To be called: _____ Sex: _____
 Street Address: _____ County: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Social Security Number: _____

Ethnic Origin (choose one): Asian Black Caucasian Hispanic
 American Indian Vietnamese Multi Racial Other

Religion: _____ Parish: _____ School District: _____

Student lives with: Father Mother Both parents
 Stepfather Stepmother Parents divorced/separated
 Father Deceased Mother Deceased Other _____

Student Release

Your child will be released only to a parent or person named by the parent. Please list those authorized persons:

| | |
|-------------|--------------|
| Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ |

School Information - New Students Only

Current School: _____

District: _____ Phone: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Dates Attended: _____

Current Grade: _____ Repeated Grades: _____

Siblings

Please list the names of brothers and sisters.

Name: _____

Grade: _____ School: _____

Name: _____

Grade: _____ School: _____

Name: _____

Grade: _____ School: _____

Information required for Sacraments

Date of Birth: _____

Place of Birth: _____

Date of Baptism: _____

Place of Baptism: _____

Date of First Reconciliation: _____

Place of First Reconciliation: _____

Date of First Communion: _____

Place of First Communion: _____

Date of Confirmation: _____

Place of Confirmation: _____

Emergency Information

First Contact:

Second Contact:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Street Address: _____

Street Address: _____

City: _____

City: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Physician Information

Doctor's Name: _____

Dentist's Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Hospital Choice: _____

Insurance: _____

Allergies: _____Medical Information the school/teachers should be aware of:

_____List medication taken on a regular basis: _____

Financial AidI plan to apply for financial aid (check one). yes no

Signature of Parent/Guardian _____ **Date** _____