



St. Mary's Elementary, Junior & Senior High School Registration **2018-2019**

Student-First, Middle & Last Name	Grade	Birthdate	Ethnicity	Religion

Home address: _____ Home phone: _____
_____ School district: _____

Father's name: _____	Mother's name: _____
Father's employer: _____	Mother's employer: _____
Business phone: _____	Business phone: _____
Father's cell phone: _____	Mother's cell phone: _____
Religion/Parish: _____	Religion/Parish: _____

Email address: _____
____ Check if you would like to receive tuition statements via e-mail

Family Physician: _____ Phone: _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements they deem necessary.

Comments: _____

Emergency Contacts (if parents can't be reached)

Name	Home Phone	Cell Phone

Signature of **BOTH** parents required: _____
