



St. Mary's School 2020-2021 Preschool-Grade 12 Registration

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

Home address: _____ Home phone: _____

_____ School district: _____

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