



St. Mary's Elementary, Junior & Senior High School Registration

2010-2011

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-Name	Home Phone	Cell Phone

Signature of **BOTH** parents required: _____
