

MOUNT SAINT MARY ACADEMY

Founded by the Sisters of Mercy



Date:

Catholic School Registration *Please print or type all information*

School Name: City/Town

STUDENT INFORMATION

Student Name Male
Last First Middle Female

Address: Home Phone Number
Street City/State/Zip

Date of Birth Current Grade Registering for Grade:

Present School Name and Address:

Siblings? Yes No

Name: Grade
Name: Grade
Name: Grade

The following statistical information is for reporting purposes and will not be used in a discriminatory manner:

The student is Hispanic or Latino Yes No

Ethnic Group American Indian/Native Asian Black/African American Native Hawaii/Pacific Island
 White Two or more races Unknown

Catholic Non Catholic

Have an educational plan (e.g.,ISP, IEP, 504) or class modifications ever been recommended for this student Yes No

If yes, please specify

MEDICAL INFORMATION

Does the student suffer from any serious medical condition or allergy? Yes No

If yes, please list the condition(s) or allergy

Please list any special instructions related to the condition(s)

Does this student have asthma? Yes No

Does this student use an inhaler or epi-pen? Yes No

Students carrying an inhaler or epi-pen must complete a separate form.

Does this student require any medication throughout the day? Yes No

If yes, please list the medications and dosages:

Medication	_____	Dose	_____
Medication	_____	Dose	_____
Medication	_____	Dose	_____

All medications must be presented in the original bottle with the prescription label and must be held in the health office.

Student's Physician: _____ Phone Number: _____

PARENT INFORMATION

Student resides with: (please check all that apply)

Father Mother Stepfather Stepmother Guardian Other (Please specify) _____

Student's parents are: Married Separated Divorced Never Married Widowed

If never married, divorced or separated, who has legal custody or **decision-making responsibility** of the student? * Father Mother Both Other (please specify) _____

If never married, divorced or separated, who has **physical custody or residential responsibility** of the student? * Father Mother Both Other (please specify) _____

If never married, divorced or separated, who has primary **financial responsibility** of the student? * Father Mother Both Other (please specify) _____

**Please provide a copy of any relevant court orders, such as Parenting Plan, Final Divorce Decree, or Guardianship Order.*

The orders will be maintained in the student's file.

Correspondence should be sent to: Both parents Father only Mother only Other (please specify)

Name of Mother

Dr. Mrs. Ms. Other (please specify)

Name: Living Deceased

Maiden Name:

Home Address:

Cell Phone: E-mail:

Employer: Title:

Business Address: Business Phone:

Name of Father

Dr. Mr. Other (please specify)

Name: Living Deceased

Home Address (if different from above):

Cell Phone: E-mail:

Employer: Title:

Business Address: Business Phone:

If this student is under the care of a guardian, please attach Addendum A.

TUITION/FINANCIAL RESPONSIBILITY

Please indicate who is responsible for tuition and other financial obligations:

Dr. Mr. Mrs. Ms. Other (please specify)

Name:

EMERGENCY CONTACT INFORMATION

Please list other persons authorized to care for the student if parents/guardians cannot be reached.

Name:	<input type="text"/>	Phone:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>	Relationship:	<input type="text"/>

The people named above have agreed to accept responsibility for my child if I cannot be reached in case of emergency during the school day. I understand that it is my responsibility to advise the school office if this information changes during the school year.

We certify that all information submitted in the registration process, including supporting materials, is factually accurate and honestly presented. I understand that if such information is inaccurate or false, the student's admission may be revoked. We agree to update any information if it becomes outdated.

Signature of Parent:

Signature of Parent:

For office use only:

- Registration Fee (if applicable)
- Baptismal Certificate Health Form Custody Documents (if applicable)

Other information:

Received by: Date:



MOUNT SAINT MARY ACADEMY

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Mount Saint Mary Academy is authorized to dismiss your child to:

Name _____ Relative _____ Friend _____
Known to child as _____
Address _____
Home Phone _____ Cell phone _____

Name _____ Relative _____ Friend _____
Known to child as _____
Address _____
Home Phone _____ Cell Phone _____

If telephone service is interrupted, long distance service will be the first one repaired. Please list a long distance telephone number to call with information in case local service is interrupted. In the event of a catastrophic disaster, this should be an out of state number.

Name of person _____ Relationship _____

Long distance number _____

Parent signature _____ Date _____

Office only:

Renewal date and year _____

Initial here _____

