



REGISTRATION FORM

Grade: _____

St. Mary School
220 W. Downie St
Alma, MI 48801

Phone 989-463-4579 Fax 989-463-8297 website: www.nativityparish.net/school
Lisa Seeley, Principal - email: lseeley@nativityparish.net

For the 20____ / 20____ School Year

Child's legal full name: _____ Today's Date: _____
Name child is called by: _____ Sex: Male Female
Home address: _____ Child's Birthdate ____/____/____
Phone: (____) _____
City State Zip Code

Child's Religion: _____ If Catholic, are you a registered parishioner? _____ Where? _____
Child's Birth City & State _____ Child's social security# _____ Language: _____
Race (circle one): White / American Indian/Native Alaskan / Asian / Black / Native Hawaiian/Pacific Islander / 2 or more
Ethnicity (circle one): Hispanic / Non-Hispanic
Name and address of last school attended: _____
Date last attended & Grade completed _____

Sacramental Records: Date: Name of Church and City/State
Baptism Yes No
Reconciliation Yes No
1st Communion Yes No

Father's Name: _____
First MI Last
Religion: _____
Education Level: _____
Occupation: _____
Employer: _____
Work Phone#: _____
Cell Phone#: _____
Email: _____
Marital Status: Married Single
Separated Divorced
Widowed Remarried

Mother's Name: _____
First MI Last
Maiden Name: _____
Religion: _____
Education Level: _____
Occupation: _____
Employer: _____
Work Phone#: _____
Cell Phone#: _____
Email: _____
Marital Status: Married Single
Separated Divorced
Widowed Remarried

Please fill out both sides

Child resides with (please check all that are applicable):

Both Parents Father Mother Step-father Step-mother *Guardian *Explain

If applicable, please fill in the following information

Non-custodial parent (parent child does not live with): _____

Does the non-custodial parent have legal access? Yes No

Phone and Address of non-custodial parent: Phone#: _____

Street _____ City _____ State _____ Zip Code _____

Special Education / Testing

My child has had educational/psychological testing: Yes No

If yes, when?: _____ Where? _____

My child has received special education services: Yes No

If yes, when?: _____ Where? _____

I agree to release to St Mary School and educational/psychological testing or screening administered to my child prior to screening at St Mary School: Yes No

PLEASE NOTE: For students in grades K-5 copies of the applicant's report card from the previous year, the current report card, standardized test scores (last year or current), and any special testing done in the last three years must be submitted to St. Mary School before screening takes place.

Student Directory: We will use the student's name and address from this form unless otherwise indicated.

Please include my child's name, address and phone number in the St. Mary School Student Directory

Please **DO NOT** include my child's name, address and phone number in the St. Mary School Student Directory

Signature of Parent or Legal Guardian

Date

How did you hear about St. Mary School? _____

Were you referred by anyone? _____

Please fill out both sides