



REGISTRATION FOR 2010 - 2011 ACADEMIC YEAR

Form A: For Office Use Only

Date Received _____
 Amount Paid _____
 Check Number _____
 Credit Card Payment _____

Student's Last Name	First Name	Middle Name	Preferred Name	Date of Birth	Gender	Grade/Program	Check One
				__/__/__	M F		<input type="checkbox"/> New <input type="checkbox"/> Returning
				__/__/__	M F		<input type="checkbox"/> New <input type="checkbox"/> Returning
				__/__/__	M F		<input type="checkbox"/> New <input type="checkbox"/> Returning
				__/__/__	M F		<input type="checkbox"/> New <input type="checkbox"/> Returning
				__/__/__	M F		<input type="checkbox"/> New <input type="checkbox"/> Returning

Parent/Guardian Information Update – Please print legibly

Father/Guardian's Last Name	Salutation	Father/Guardian's First Name	Home Address	
City, State, and Zip		Home Telephone	Cell Phone	Email
Profession & Title		Employer's Address	City, State, and Zip	Business Telephone
Mother/Guardian's Last Name	Salutation	Mother/Guardian's First Name	Home Address	
City, State, and Zip		Home Telephone	Cell Phone	Email
Profession & Title		Employer's Address	City, State, Zip	Business Telephone
Stepfather's Last Name	Salutation	Stepfather's First Name	Home Address	
City, State, and Zip		Home Telephone	Cell Phone	Email
Profession & Title		Employer's Address	City, State, Zip	Business Telephone
Stepmother's Last Name	Salutation	Stepmother's First Name	Home Address	
City, State, and Zip		Home Telephone	Cell Phone	Email
Profession & Title		Employer's Address	City, State, Zip	Business Telephone

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Family Name _____

Home address of student(s): _____

Parents are: ___Married ___Single ___Separated ___Divorced ___ Father Deceased ___Mother Deceased

If parents are divorced, who has legal custody? _____

Emergency Contacts – Called when parents are unavailable

First Name	Last Name	Relationship	Home Telephone	Cell Phone
First Name	Last Name	Relationship	Home Telephone	Cell Phone
First Name	Last Name	Relationship	Home Telephone	Cell Phone
First Name	Last Name	Relationship	Home Telephone	Cell Phone

Medical Information Update

Physician	Telephone Number	Address	City	Hospital
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Medical Conditions, Physical Disabilities, and Allergies

Child's Name	Condition
Child's Name	Condition
Child's Name	Condition
Child's Name	Condition
Child's Name	Condition

In case of an emergency, I (we) authorize the School of St. Mary to call 911 and take my/our child/children to the emergency room via medical transport for attention.

Signature of Parent/Guardian: _____