



St. Mary School
Riverside, IL

STRONG MINDS | STRONG FAITH | FUTURE LEADERS

APPLICATION FOR SCHOOL YEAR 2018-2019

Pre-K through 8th Grade

We are honored that you are interested in pursuing the academic excellence and Christian discipleship offered at St. Mary Parish School for your child's education. Please assist our introduction to your child by completing this application for admission.
St. Mary, pray for us.

ADMISSIONS PROCESS*Please submit the following items to be considered for admission:*

1. One completed application form for each new child applying
2. Child's birth certificate
3. Copy of child's baptismal certificate, if applicable
4. A non-refundable \$100 application fee per new family.
5. A non-refundable \$25 fee per new student.
6. Immunization/health records by 1st day of school
7. Most recent report card from previous school.
8. If your child is a transfer applicant in grades 1 – 8, scores from standardized tests, i.e. Terra Nova, MAP, etc.

APPLICANT INFORMATION*Please complete one form for each child applying.*

Anticipated Grade: _____

Today's Date: _____

Pre-K *Please choose one:***3 Years Old by September 1st:**

___ Five Full Days 7:50 – 3:00

___ Five Half Days 7:50 – 11:00

___ Three Half Days 7:50 – 11:00
M-W-F limited space available**4 Years Old by September 1st:**

___ Five Full Days 7:50 – 3:00

___ Five Half Days 7:50 – 11:00

Student Last Name: _____

Gender: Male Female

Student First and Middle Name: _____

Address: _____

Number and Street, City, Zip

Home Phone Number: (____) _____

Home School District # _____

Date of Birth: _____ City and State of Birth: _____ Religion: _____

Student lives with: Both Parents Mother Father Other (Relationship) _____Race: *Please check all that apply / Optional*

- Native American Indian or Alaskan Asian Black or African American Hispanic/Latino
 Middle Eastern White Native Hawaiian or Other Pacific Islander Two or More Races

Is this student of Hispanic/Latino culture or origin, regardless of race? *Check only one* Yes No

Language(s) spoken at home _____

Medical or Surgical Conditions we should be aware of: Yes No

If yes, please explain _____

Learning Needs we should be aware of: Yes No

If yes, please explain _____

Sacramental Information (if applicable, please supply certificates)Baptized? Yes NoReconciliation Yes No1st Communion Yes NoConfirmation Yes No**For Office Use Only:**

Date Received: _____ Registration Fee Paid _____ New Student Fee Paid _____

Report Cards Received _____ Standardized Test Scores Received _____

Notes: _____

Birth Cert _____ Bapt Cert _____ Entered on PS _____ Letter Sent _____ Parishioner _____

FAMILY INFORMATION

Address mail to: _____

Names and Ages of Other Children at Home

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Mother / Guardian 1

First and Last Name: _____ Maiden Name: _____

Religion: _____ Alumni of St. Mary Yes No Cell No. _____

Employer: _____ Occupation: _____ Work No. _____

Email: _____

Marital Status: Married Separated Divorced Single Deceased Remarried

Step-parent name: _____

If separated/divorced, does other parent have legal access? Yes No

Father / Guardian 2

First and Last Name: _____

Religion: _____ Alumni of St. Mary Yes No Cell No. _____

Employer: _____ Occupation: _____ Work No. _____

Email: _____

Marital Status: Married Separated Divorced Single Deceased Remarried

Step-parent name: _____

If separated/divorced, does other parent have legal access? Yes No

Secondary Address *if applicable*

Name, Street, City, State, & Zip Code

PARISHIONER STATUS

Are you a registered Parishioner of St. Mary Church? Yes No Will Join If yes, please include your envelope number _____ If no, what is the name and city of your current church? _____

CURRENT SCHOOL INFORMATION

Student's Current School/Preschool: _____ Current Grade: _____

Dates Attended: _____ School's Phone: _____

EMERGENCY CONTACT INFORMATION

Other than parents, please list 2 emergency contacts:

#1 Emergency Name: _____ Phone: _____ Relationship: _____

#2 Emergency Name: _____ Phone: _____ Relationship: _____

Physician's Name: _____ Physician's Phone: _____