

**ST. MARY'S BRYANTOWN
CATHOLIC SCHOOL**

Application for Grade: _____
Student Number: _____
School Year: 2010-2011
Date Received: _____

REGISTRATION FORM (Addendum B) (ONE PER CHILD)

Please provide all appropriate information.

Student's Full Name: _____ DOB: _____ Gender: Male or Female
Nickname: _____ Place of Birth: _____ Religion: _____
Home Address: _____ City: _____ State/Zip: _____
Family E-mail Address: _____ Home Phone: _____
Neighborhood: _____ School last attended: _____

Statistical Information *(please check one):*

- African American Asian/Pacific Islander American Indian Hispanic
 White/Caucasian Middle Eastern Other _____

Please check the appropriate program

- Pre-Kindergarten: Half Day (9:00 AM – 11:30 AM) Half Day (1:00 PM – 3:30 PM)
Elementary & Middle School Program K-8: Full Day (9:00 AM – 3:30 PM)

I have read, understood, and accept this contract, and all attached addenda, and am responsible to all obligations therein.

Parent(s)/Guardian(s) Signature: _____ Date: _____

Date: _____
Principal's Signature: _____ Date: _____

All applicants are considered without regard to sex, race, nationality or ethnic origin.

(This sheet is REQUIRED – PLEASE RETURN TO OFFICE)

FAMILY INFORMATION

(Attachment B Cont'd)

Father's Name: _____ Has financial responsibility: Y or N
Father's Home Address: _____ City/State/Zip: _____
Father's Home Phone: _____ Cell Phone: _____
Work Phone: _____ Work E-Mail: _____
Employer: _____ Job title: _____
Employer Address: _____ City/State/Zip: _____
Religion: _____ Pastor: _____ Envelope # _____

Mother's Name: _____ Has financial responsibility: Y or N
Mother's Home Address: _____ City/State/Zip: _____
Mother's Home Phone: _____ Cell Phone: _____
Work Phone: _____ Work E-Mail: _____
Employer: _____ Job title: _____
Employer Address: _____ City/State/Zip: _____
Religion: _____ Pastor: _____ Envelope # _____

List all siblings and their birthdates:

Name: _____ DOB: _____ Grade: _____
Name: _____ DOB: _____ Grade: _____
Name: _____ DOB: _____ Grade: _____
Name: _____ DOB: _____ Grade: _____

School Directory:

I give my permission to publish my contact information in a school directory that is used for school functions.

YES NO

Parent(s)/Guardian(s) Signature: _____ Date: _____

(This sheet is REQUIRED – PLEASE RETURN TO OFFICE)