



**Sibling Information:**

	<i>Last Name</i>	<i>First Name</i>	<i>Age</i>	<i>Current Grade</i>	<i>Resides in Home (Yes/No)</i>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**Last/Current School Attended Information:**

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street) (City, Stat (Zip)

Learning Accommodation Plans (*check all that apply*): \_\_\_\_\_ SST (Student Study Team) \_\_\_\_\_ IEP (Individual Education Plan)  
\_\_\_\_\_ 504 Plan \_\_\_\_\_ Other (please explain) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Please Answer:**

A. Why do you want to enroll your child(ren) at St. Mary Catholic School?

\_\_\_\_\_  
\_\_\_\_\_

B. Active parental involvement is essential to our school and to a child's success in school. Families must complete of 25 volunteer hours each year. How do you envision your participation at St. Mary School?

\_\_\_\_\_  
\_\_\_\_\_

C. Our school emphasizes student participation in prayer, faith development, Catholic Christian values. How will you support these goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**For Office Use Only:** *Required documents received* \_\_\_\_\_ Copy Official Birth Cert. \_\_\_\_\_ Health Records \_\_\_\_\_ Baptismal Cert. \_\_\_\_\_ Copy Last Report Card