



# St. Mary's Catholic School

1019 S. 7<sup>th</sup> Street • Temple, Texas 76504

254-778-8141

## New Student Application

Grade Applying for: \_\_\_\_\_

If applying for Pre-Kindergarten, please select one: Full Day Program  Half Day Program

Is child Baptized Catholic?  Yes  No

Applicant's Legal Name \_\_\_\_\_  
First Middle Last Name preferred (Nickname)

Street Address or P.O. Box \_\_\_\_\_  
City State Zip Code

Primary Telephone Number \_\_\_\_\_  
Date of Birth Place of Birth(City,State/Country) Social Security Number

Male  Female Age of Applicant as of September 1, 2016 \_\_\_\_\_ years \_\_\_\_\_ months

Are you currently a registered, contributing member of St. Mary's Catholic Church?  Yes  No Since \_\_\_\_\_  
MM/YY

Check here if you are a registered, contributing member of another parish: \_\_\_\_\_  
(Must complete and submit the Parish Affiliation Form) Name of Parish

Check here if you are Catholic but not registered in any parish

Check here if Non-Catholic

Below check which Sacraments the Applicant has received. Must provide a copy of Baptism Certificate for all grades. If enrolling in grades 3 through 8, you must provide a copy of Applicant's First Communion Certificate.

	Baptism	1st Reconciliation	1st Eucharist	Confirmation
	Y N	Y N	Y N	Y N
Date				
Church				
City/State				

Applicant lives with (check one):

- Both Parents   
  Mother Only\*   
  Father Only\*   
  Grandparents Only\*  
 Mother/Stepfather\*   
  Father/Stepmother\*   
  Other (please describe)\* \_\_\_\_\_

If you checked a living arrangement that has an \* you must provide a copy of the Custody or Guardian Agreement

**Father/Guardian:** \_\_\_\_\_ **Religion** \_\_\_\_\_  
(First/Middle/Last)

\_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Email Address preferred for School to use** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Education (highest level)** \_\_\_\_\_ (i.e. high school, some college, Bachelor's, Master's, Advanced)

If Father has a different address than student's, please fill out information below:

\_\_\_\_\_ **Street or P.O. Box/City/State/Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_ **Religion** \_\_\_\_\_  
(First/Middle/Last)

\_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Email Address preferred for School to use** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Education (highest level)** \_\_\_\_\_ (i.e. high school, some college, Bachelor's, Master's, Advanced)

If Mother has a different address than student's, please fill out information below:

\_\_\_\_\_ **Street or P.O. Box/City/State/Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Fill out information below if student lives with parent and step-parent:**

**Step-parent:** \_\_\_\_\_ **Religion** \_\_\_\_\_  
(First/Middle/Last)

\_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Email Address preferred for School to use** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Education (highest level)** \_\_\_\_\_ (i.e. high school, some college, Bachelor's, Master's, Advanced)

**Applicant's School Information**

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Student's previous school name                      City                      State                      Dates/grade attended

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Student's previous school name                      City                      State                      Dates/grade attended

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Has student ever been suspended or asked to leave any school? If yes, explain \_\_\_\_\_

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**Applicant's Health History**

Immunizations Current?     Yes     No    (Must submit a recent copy of child's Immunization Record for review)

Does child have any special health concerns that school personnel should be made aware of? (i.e. asthma, severe allergies, heart problems, etc.)     Yes     No                      If yes, please describe \_\_\_\_\_

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Does child wear glasses or contact lenses?     Yes     No    If yes, which one: \_\_\_\_\_

Does child need daily medication\*?     Yes     No    If yes, please describe: \_\_\_\_\_

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Survey of Special Needs: We at St. Mary's Catholic School are in a partnership with parent(s) or guardian(s), to provide the best education for their child/our student. Any information that assists us in this task ultimately benefits your child. The following information is requested to ensure that each student's individual learning needs are met to the best of our ability. Failure to provide this information may inhibit the staff's ability to meet the individual needs of your child, and consequently, the school reserves the right to forego acceptance or continuation of the child in our School if such information is not provided. **PLEASE NOTE THAT ALL INFORMATION IS HELD IN THE STRICTEST CONFIDENCE.**

All of the following questions must be answered.

1. Has your child been tested for any special concerns? (i.e. academic, behavioral or other)     Yes     No  
If yes, please describe: \_\_\_\_\_

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2. Has your child ever been on medication for educational/behavioral purposes?     Yes     No  
If yes, please describe: \_\_\_\_\_

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3. Has your child ever been referred for special educational services?     Yes     No  
If yes, please describe: \_\_\_\_\_

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4. Has your child had special educational service provided?     Yes     No  
If yes, please describe: \_\_\_\_\_

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5. Has your child ever been under the care of a professional counselor, psychologist, or psychiatrist?  Yes  No

If yes, please describe: \_\_\_\_\_

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\*The proper Diocesan Medication Dispensation form must be on file with the School Office and the medication must contain a pharmacy label in order for the medication to be administered to a student during school hours (whether prescription medication and/or over-the-counter).

1. Are you willing to share all previous and future special education information/tests with the Principal of St. Mary's Catholic School?

Yes  No

2. Would you allow a copy of the special education information/tests to be placed in a confidential student file(s) at St. Mary's Catholic School?

Yes  No

3. Are you willing to sign a release to allow the Principal to speak with the person(s) who conducted any of these services or tests or prepared any information?

Yes  No

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Parent/Guardian Print Name

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Date

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Parent/Guardian Signature

St. Mary's Catholic School accepts children of any race, color, sex, religion, or ethnic origin, provided that the parents agree to submit their child to the rules and regulations adopted by the school. St. Mary's Catholic School complies with all applicable State and Federal laws regarding discrimination.



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## Parish Affiliation Verification Form

Families that receive the Catholic tuition rate are to complete this form and submit it to the Pastor or Parish Administrator for verification of parish affiliation. Once this form has been signed, please return it to the School Office with your registration packet. This form is only used to verify your family is registered at a local parish and does not determine or provide financial assistance. Families that do not complete this form will not receive the Catholic tuition rate.

I/We are registered, contributing members of: \_\_\_\_\_  
Name of Parish

Parents/Guardians: \_\_\_\_\_  
Father's Name (please print) Mother's Name (please print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Parent/Guardian (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

This section to be completed by the Pastor or Parish Administrator.

The family listed above  is  is not a registered, contributing member of this parish.  
(please check one)

Name of person verifying information: \_\_\_\_\_

Check one below:

Pastor       Parish Administrator       Other (please describe) \_\_\_\_\_

\_\_\_\_\_  
Signature Date