



# ST. MARY'S NATIVITY SCHOOL

Diocese of Houma-Thibodaux  
Office of Education

APPLICATION FOR ADMISSION FORM  
2021 - 2022 School Year

FOR OFFICE USE ONLY

Student Begin Date: \_\_\_\_\_  
Student Transfer Date: \_\_\_\_\_

Information on the form needs to be complete and accurate. The school reserves the right to refuse admission or terminate enrollment for failure to disclose all educational and updated medical information. Registration and acceptance into the school is not formally complete until all records are received, reviewed, and evaluated from prior school of attendance.

STUDENT INFORMATION Grade \_\_\_\_\_ School Year 2021 - 2022 \$350.00 due at registration.  
Third child pays \$175.00 for Book & Computer Fee; Registration Fee is waived. Fourth child is free. (Child must be 3 or 4 by Sept. 30<sup>th</sup> and Potty Trained to enter 3 year old and 4 year old programs). (Child must be 5 years old by Sept.30<sup>th</sup> to enter Kindergarten)

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)  
RACE: American Indian/Native Alaskan \_\_\_\_\_, Asian \_\_\_\_\_, Black \_\_\_\_\_, Hispanic \_\_\_\_\_  
Native Hawaiian/Pacific Islander \_\_\_\_\_, White \_\_\_\_\_, Multi Racial \_\_\_\_\_

ADDRESS: Physical: \_\_\_\_\_  
Mailing: \_\_\_\_\_  
(# STREET OR HWY., P.O. BOX) (CITY) (STATE) (ZIP)  
HOME PHONE: \_\_\_\_\_ STUDENT'S SOCIAL SECURITY # \_\_\_\_\_

STUDENT RESIDES WITH: \_\_\_\_\_  
(Name of person) (Relation to student)

BIRTH DATE: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ PLACE \_\_\_\_\_  
(City) (Parish) (State)  
\_\_\_\_\_ will/will not (circle one and give bus # if known) ride the bus.  
AM # \_\_\_\_\_ PM # \_\_\_\_\_ (Lafourche Parish Transportation for bus routes and numbers are published in July in the Daily Comet.)

Will the above student be the oldest child attending St. Mary's School in 2021-2022? \_\_\_\_\_

Brother(s) and/or sister(s) enrolled at St. Mary's School in 2021-2022:  
\_\_\_\_\_  
School last attended: \_\_\_\_\_  
(Name of school) (Address)

Student's Religion: \_\_\_\_\_ Church Registered: \_\_\_\_\_  
Child Baptized: Date \_\_\_\_\_  
Church Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**The student's Birth Certificate, Social Security Card, Updated Immunization Records and Certificate of Baptism (if Catholic) should be presented at the time of registration.**

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REGISTRATION FEE PAID	_____	DATE	_____	CHECK #	_____	CASH	_____
BOOK/COMPUTER FEE PAID	_____	DATE	_____	CHECK #	_____	CASH	_____
TUITION PREPAID	_____	DATE	_____	CHECK #	_____	CASH	_____
LUNCH FEE PAID	_____	DATE	_____	CHECK #	_____	CASH	_____
BAND FEE PAID	_____	DATE	_____	CHECK #	_____	CASH	_____
TUITION LOAN AMOUNT	_____	DATE	_____	CHECK #	_____	CASH	_____
LATE FEE	_____	DATE	_____	CHECK #	_____	CASH	_____

PARENT INFORMATION:

FATHER'S NAME: \_\_\_\_\_ STATUS: SINGLE \_\_\_\_\_  
(Last) (First) (Middle) MARRIED \_\_\_\_\_  
DIVORCED \_\_\_\_\_  
WIDOW \_\_\_\_\_

IF ALUMNI OF ST. MARY'S: YEAR \_\_\_\_\_  
FATHER'S OCCUPATION: \_\_\_\_\_ FATHER'S RELIGION: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_  
(Company) (Address) (Phone Number)

Please provide an existing email address for emergency information. \_\_\_\_\_  
List father's address if different from student(s):

\_\_\_\_\_  
#Street/Hwy City/Town State Zip Home Phone Number

MOTHER'S NAME: \_\_\_\_\_ STATUS: SINGLE \_\_\_\_\_  
(Last) (First) (Middle) MARRIED \_\_\_\_\_  
DIVORCED \_\_\_\_\_  
WIDOW \_\_\_\_\_

IF ALUMNI OF ST. MARY'S MADIEN NAME: \_\_\_\_\_ YEAR \_\_\_\_\_

MOTHER'S OCCUPATION: \_\_\_\_\_ MOTHER'S RELIGION: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_  
(Company) (Address) (Phone Number)

Please provide an existing email address for emergency information. \_\_\_\_\_  
List mother's address if different from student(s):

\_\_\_\_\_  
#Street/Hwy City/Town State Zip Home Phone Number

STEP-PARENT INFORMATION

STEP-FATHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
(Last) (First) (Middle)

STEP-FATHER'S OCCUPATION: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_  
(Company) (Address) (Phone Number)

STEP-MOTHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
(Last) (First) (Middle)

STEP-MOTHER'S OCCUPATION: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_  
(Company) (Address) (Phone Number)

GRANDPARENTS INFORMATION: Name, Address, Phone:

Maternal: \_\_\_\_\_

Faternal: \_\_\_\_\_

EMERGENCY AND MEDICAL INFORMATION

If there are any special problems concerning this student: Emotional, Academic, or Physical health, or otherwise please indicate: \_\_\_\_\_

At this time, the only Special Services we are able to provide is Speech. \_\_\_\_\_

In the event of emergency, illness or accident to \_\_\_\_\_ a school official is authorized to contact individuals as indicated below:

Please indicate by numbering, in order, people to contact and list phone numbers.

**\*\* Emergency Notification System Main Parent Contact Phone Number**

( ) Contact Father \_\_\_\_\_ Phone Number \_\_\_\_\_

( ) Contact Mother \_\_\_\_\_ Phone Number \_\_\_\_\_

( ) Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name of Person - Relationship

( ) Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name of Person - Relationship

( ) Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name of Person - Relationship

( ) Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name of Person - Relationship

( ) Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name of Person - Relationship

( ) Contact Family Physican \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name

Family physican's address \_\_\_\_\_

( ) Take child to emergency hospital \_\_\_\_\_

( ) Other desired procedures \_\_\_\_\_

We the parents of \_\_\_\_\_ hereby give permission for medical help to be administered by a licensed physican in case of an emergency. We understand that all bills should be sent to us. We understand that the Student Insurance is a Supplemental Insurance coverage. Our child \_\_\_\_\_ is covered under our personal insurance policy.

Policy Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Student's Physician \_\_\_\_\_  
(Name) (complete physical address)

My signature verifies my registration and participation in the church parish of

\_\_\_\_\_. My physical address is \_\_\_\_\_

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Parent's Signature)