



ST. MARY'S NATIVITY SCHOOL

Diocese of Houma-Thibodaux
Office of Education

APPLICATION FOR ADMISSION FORM
2022 - 2023 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 2022 - 2023 \$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. 30th and Potty Trained to enter 3 year old and 4 year old programs). (Child must be 5 years old by Sept.30th 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 2022-2023? _____

Brother(s) and/or sister(s) enrolled at St. Mary's School in 2022-2023:

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: (Last) (First) (Middle) STATUS: SINGLE 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: (Last) (First) (Middle) STATUS: SINGLE 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: (Last) (First) (Middle) RELIGION:

STEP-FATHER'S OCCUPATION:

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

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

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)