



# ST. MARY SCHOOL

518 North "H" Street

Aberdeen, WA 98520

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## STUDENT INFORMATION FORM

### Grade Entering

- Preschool(ages 3,4)  Pre-K(ages 4,5)  Kindergarten (must be 5yrs old by August 31<sup>st</sup>)
- Grade 1  Grade 2  Grade 3  Grade 4  Grade 5  Grade 6  Grade 7  Grade 8

Name \_\_\_\_\_ Gender:  Female  Male  
(Last) (First) (Middle)

Student Address: \_\_\_\_\_  
(Street) (City) (Zip)

Home Phone: \_\_\_\_\_ Birth: \_\_\_\_\_  
(Date) (City) (State/Country)

Student's Religion: \_\_\_\_\_

### Ethnic origin of student

- White  Hispanic  Asian or Pacific Islander  Black  American Indian or Alaskan Native
- Multi-Racial

Language Spoken at Home : English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

### Sacramental Information

Has the student been Baptized?  Yes  No - If "yes" please submit a copy of the Baptismal Certificate

Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State or Country \_\_\_\_\_

If Catholic, has the student made their First Communion?  Yes  No

Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State or Country \_\_\_\_\_

School Previously Attended \_\_\_\_\_ City/State \_\_\_\_\_

Please enclose your child's most recent report card or Pre-School report.

Over

**Student Medical Information**

Name of Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Does student have any known allergies, handicaps or other illness which may require special treatment?

Explain:

Does the student take medication on a regular basis? Yes  No

If medication is required to be taken at school, specific papers need to be filled out by the doctor and filed in the school office with the medication. **NO** medication may be given unless we have papers filled out by the doctor. All medications **MUST** be in the original container.

In case of an accident the school will call 911 immediately if deemed necessary. Please list the following people we should call if parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

**EMERGENCY AUTHORIZATION**

In the event that I/we cannot be reached when a medical emergency arises, I/we hereby give permission to St. Mary School to secure proper medical treatment for my/our child.

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

**Parental Release of Student Photo and School Work:**

To benefit St. Mary School, brochures, promotional materials and web site content are occasionally created that feature student photos, quotes and artwork. By signing this contract, you agree that St. Mary School may use your child's name, likeness, and school work in connection with it's promotional and publicity materials. Please note that for your security, St. Mary School does not associate names with photos on the Internet.

My child's name, likeness or schoolwork MAY BE USED \_\_\_\_\_ MAY NOT BE USED \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_