



# St. Mary's School Registration Form

Registered St. Mary's Parishioner:  Yes  No - Parish Family belongs to: \_\_\_\_\_

## STUDENT INFORMATION

\_\_\_\_\_

FULL NAME

\_\_\_\_\_

DATE OF BIRTH

\_\_\_\_\_

GRADE ENTERING

\_\_\_\_\_

GENDER

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

CITY

\_\_\_\_\_

ZIP

Please check the category that pertains to your child:

- Native American:** Having origins in any of the Indian peoples of North America, including Alaska-American Indians only.
- Asian:** Having origins in any of the peoples of the Far East, Southeast Asia or the Pacific Island EX: China, Japan, Philippines, Korean, Vietnam
- Black Non-Hispanic:** Having origins in any black racial group, no any Spanish speaking.
- Hispanic:** Of any Spanish-speaking culture or origin, regardless of race EX: Mexico, Puerto Rico, Cuba, Central/South America.
- White Non-Hispanic:** Of European, Mediterranean and Middle East cultures.
- Bi-Racial:** Of two distinct areas EX: Asian/White, Black/White, Asian/Black

School district you would attend if not going to St. Mary's School: \_\_\_\_\_

Name of public school: \_\_\_\_\_

My child will take medication during the school day:  No  Yes – Medication Form must be on file in the office

## RELIGIOUS INFORMATION

Sacrament	Date	Church	City/State
Baptism			
Reconciliation			
First Communion			
Confirmation			

## PARENT/GUARDIAN INFORMATION

Child resides with: \_\_\_ Both \_\_\_ Parent/Guardian A \_\_\_ Parent/Guardian B \_\_\_ Other: \_\_\_\_\_

Parent/Guardian A: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Parent/Guardian B: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_



# Family Emergency Card

\_\_\_\_\_

FAMILY LAST NAME STUDENT NAMES & GRADE

\_\_\_\_\_

ADDRESS CITY PHONE

Family Doctor: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

*Emergency Release – this SHOULD include parents as the first two contacts. The following people have my permission to take my child(ren) from school in the event of an emergency or illness. In an emergency, the office will always call the emergency contacts in order until we have notified someone.*

<p style="text-align: center;"><b>1<sup>st</sup> EMERGENCY Contact (Mom/Dad)</b></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Primary Phone: _____</p>	<p style="text-align: center;"><b>2<sup>nd</sup> EMERGENCY Contact (Mom/Dad)</b></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Primary Phone: _____</p>
<p style="text-align: center;"><b>3<sup>rd</sup> EMERGENCY Contact</b></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Primary Phone: _____</p>	<p style="text-align: center;"><b>4<sup>th</sup> EMERGENCY Contact</b></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Primary Phone: _____</p>

*Non-Emergency Release: The following people have permission to take my child(ren) from school in case of a non-emergency situation such as early dismissal, medical appointments, car-pooling or play dates, etc.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Permission to walk or ride bike home from school: \_\_\_\_\_ Yes \_\_\_\_\_ No

### Authorization for Emergency Medical Treatment

This information will be kept in the possession of the school/parish. A copy will be distributed to the person in charge of each trip or athletic activity in which the student participates. Should the need arise this information will be given to the proper medical authorities.

I, \_\_\_\_\_ [parent/guardian], understand that in the case of illness or injury to my child, \_\_\_\_\_ [child's name], the school/parish will try to notify me or the person I have listed as an emergency contact. In the case of medical emergency concerning my child, at times when I or my listed emergency contact cannot be notified, I grant full power to the school/parish to 1.) Arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2.) Sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

\_\_\_\_\_

Parent/Guardian Date

**ACADEMIC RECORDS** (Pre-K or Kindergarten applicants include day care experiences – IF **CURRENT** families please skip down to Family Preferences)

School Attended: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

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

School Attended: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

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

Has your child ever been suspended, expelled, dismissed, or not allowed to re-enroll in a school?

No Yes  If yes please provide the name of the school and the reasons on a separate sheet of paper.

Has your child ever been tested or evaluated for special accommodations, English as a Second Language, or medical conditions?

No  Yes [ex: learning disabilities, IEP, 504 Plan, ADD/ADHD, emotional disabilities]

Has your child ever been received intervention/support in the classroom for?

Math  Reading  Writing  Behavior

If yes, please describe on a separate sheet of paper any disability or medical condition that may affect your child's ability to fully participate in the academic program provided at St. Mary's School. If you are requesting an adjustment or accommodation to the curriculum, please describe your request. *Information about disabilities is requested for the sole purpose of determining whether the school can provide the child with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admission.*

**FAMILY PREFERENCES**

Please check a Yes or No box for your family preferences.

Yes  No Student *NAME* may appear in school publications.

Yes  No Student *PICTURE* may appear in school publications.

Yes  No Student *ARTWORK* appear in school publications.

Yes  No Student *PICTURE/ARTWORK* may appear in the school's social media (No Names will appear)

Yes  No *FAMILY ADDRESS* may appear in school/class directory.

Yes  No *FAMILY PHONE NUMBER* may appear in school/class directory.

Yes  No *FAMILY EMAIL* may appear in school/class directory.

\_\_\_\_\_ I understand it is my responsibility to read, abide by and share with my child(ren) all policies in the St. Mary's  
*Initials* Parent/Student Handbook which is online at [www.stmarysschool.net](http://www.stmarysschool.net), or I may request a copy from the school office.

\_\_\_\_\_ I understand that St. Mary's School is in compliance with the mandates of the State of Illinois regarding asbestos  
*Initials* management and abatement. A general management plan is on file with the Illinois Department of Public Health, Environmental Safety Division and is available for public inspection. All necessary precautions have been accomplished and a designated inspector conducts on-going inspections.

\_\_\_\_\_ I have been notified per Illinois Law that information about sex offenders is available online. The website is in the  
*Initials* Student/Parent Handbook.

\_\_\_\_\_ I have been notified that the Diocese of Peoria Safe Environment Curriculum is available.  
*Initials*

**PARENT QUESTIONNAIRE**

How did you learn about St. Mary's School? \_\_\_\_\_

What led you to consider St. Mary's School for your child? \_\_\_\_\_

What are your goals for your child at St. Mary's School? \_\_\_\_\_



# St. Mary's School Student Health Form

Student Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (Birthdate) \_\_\_\_\_ (Grade) \_\_\_\_\_

**Immunization Status:** Submit a photocopy of your child's most up to date immunization records to the school office.

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**Student Medical History:** Please fill in all information that pertains to your child.

Is your child currently under any medical treatment or taking any type of medication?

Medication(s): \_\_\_\_\_ Treatment: \_\_\_\_\_

Medication(s): \_\_\_\_\_ Treatment: \_\_\_\_\_

Medication(s): \_\_\_\_\_ Treatment: \_\_\_\_\_

Does your child have any special health problems the school should know about?

Specify: \_\_\_\_\_

Pediatrician/Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ Date of last dental exam: \_\_\_\_\_

Date of last eye exam: \_\_\_\_\_ Date of last lead risk assessment: \_\_\_\_\_

Allergies Specify: \_\_\_\_\_  
(examples: specific food, drug, bee/insect, environmental)

Asthma     Diabetes     Epilepsy     Heart disease

Other: \_\_\_\_\_