



St. Mary's School
2009-2010 Registration Form
415 S. 7th Ponca City, Oklahoma 74601

Enrollment Fee Paid Date: _____ Amount: _____ Check #: _____ (Office Use Only)

Family Name <small>(Will receive correspondence)</small>		Mailing Address City Zip		Home Phone	Is your family a registered member of St. Mary's Parish? Yes No	(Office Use Only) Date Form Received Family Code
Family Member One Please circle: Mr. Mrs. Ms. Dr. Miss	First Name		Last Name		Relation to Student	Church Affiliation
Employer/Occupation					Work Phone	Cell Phone
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Family Member Two Please circle: Mr. Mrs. Ms. Dr. Miss	First Name		Last Name		Relation to Student	Church Affiliation
Employer/Occupation					Work Phone	Cell Phone
Family Doctor	Family Doctor's Phone	Child's Sitter			Child's Sitter's Phone	Registered at St. Mary's Child Care? Yes No
Additional address to which correspondence should be sent:						

Check if appropriate:

Mother deceased Father deceased Parents separated Parents divorced Mother remarried Father remarried

Student lives with:

Mother & Father Mother Father Legal Guardian Stepmother Stepfather

Student Enrollment Information:

Student Last Name	Student First Name	Student Middle Name	Attended St. Mary's in 2008-2009?	Gender (M or F)	Enrolling in Grade	Social Security Number (optional)	Birthdate mm/dd/yyyy

If enrolling in Preschool I, please indicate your preference: Morning (MWF) Afternoon (MWF)

If enrolling in Preschool II, please indicate your preference: Half-day(a.m.) Full Day

PERMISSIONS: Please read and circle your choice, giving or denying permission:

We publish a *Family Directory*, distributed to school families only, which includes family and student name and grade, address and the phone numbers provided above. Please indicate whether we may publish your information by your signature below:

I give or deny (circle) permission for our family contact information to be published in the *St. Mary's Family Directory*.

Parent Signature _____ Date _____

News articles and pictures are submitted to newspapers, and may be published on our web site. Please indicate whether we may publish your child's name, and/or picture, and/or video by your signature below:

I give or deny (circle) permission for my child(ren)'s pictures and names to be published in media including our web site.

Parent Signature: _____ Date _____

(COMPLETE THE MEDICAL INFORMATION and EMERGENCY CONTACT FORM ON THE BACK)

