



# STUDENT REGISTRATION FORM

## STUDENT INFORMATION

First Name	Last Name	Middle Name	Nickname (if preferred)
Male <input type="checkbox"/> Female <input type="checkbox"/> Birthdate: / / Grade Level for 2019-2020 Returning Student <input type="checkbox"/> New Student <input type="checkbox"/>			
Home Street	City	State	Zip
Resident Public School District and building student would attend if not enrolled St. Mary School			
Student primarily resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> (Please Explain)			
Medical Conditions, allergies or disabilities:			
Race: <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Multiracial <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other			
Ethnicity: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic			
Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Registered St. Mary Parishioner <input type="checkbox"/> Other Catholic Home Parish Name (include city)			
<input type="checkbox"/> Non-Catholic <input type="checkbox"/> Name of other faith practiced			
<input type="checkbox"/> Baptized <input type="checkbox"/> Not baptized <input type="checkbox"/> Interested in becoming baptized; would like to be contacted			
Name of Church (attach a copy if not baptized at St. Mary Church, Vermilion, OH)			

## FAMILY INFORMATION

<b>Mother</b>	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Full Name	<input type="checkbox"/> Parishioner <input type="checkbox"/> Non-parishioner <input type="checkbox"/> Other faith
Home Street	City	Zip	
Cell Phone	Work Phone	Home Phone	Email
<b>Father</b>		Full Name	<input type="checkbox"/> Parishioner <input type="checkbox"/> Non-parishioner <input type="checkbox"/> Other faith
Home Street	City	Zip	
Cell Phone	Work Phone	Home Phone	Email
<b>Marital Status:</b> (Check all that apply)			
<input type="checkbox"/> Parents are married and living together	<input type="checkbox"/> Parents are separated	<input type="checkbox"/> Mother is remarried	Name of Stepfather
<input type="checkbox"/> Parents are divorced	<input type="checkbox"/> Single parent	<input type="checkbox"/> Father is remarried	Name of Stepmother
(A copy of court documents regarding custody must be on file)			
<b>Guardian</b> (if applicable)		Full Name	<input type="checkbox"/> Parishioner <input type="checkbox"/> Non-parishioner
Home Street	City	Zip	
Cell Phone	Work Phone	Home Phone	Email
<b>Siblings</b>			
Child's name	Grade 2019-20	Child's name	Grade 2019-20
Child's name	Grade 2019-20	Child's name	Grade 2019-20