



## STUDENT INFORMATION

Full Name of Applicant

*Last Name*

*First*

*Middle*

*Preferred Name*

Male

Female

Birthdate

Social Security Number

Anticipated Grade for 2021-2022

Age as of September 1, 2021

*(Must be 5 by Sept 1 to enter Kindergarten)*

Street Address

City

State

Zip Code

Years at this Address

Is this student related to a current or former student of Catholic School of Saint Mary?  Yes

No If yes, name of relative(s)

Which School District does your family reside in?

Austin

Del Valle

Hays

Leander

Manor

Pflugerville

Round Rock

Other

Name of the public school to which the child belongs:

Language(s) Spoken at home:

For statistical purposes only, please choose one from each category - Ethnicity and Race. (Categories taken from the US Census)

Ethnicity

Hispanic

Non-Hispanic

Race

American Indian/Native American

Asian

Black/African American

Native Hawaiian/Pacific Islander

White

Two or more races

## SCHOOL INFORMATION

**Student's current school name:**

City	State	Dates/grade attended
------	-------	----------------------

**Student's previous school name:**

City	State	Dates/grade attended
------	-------	----------------------

Has the student ever been suspended or asked to leave any school? If yes, explain



**Indicate below any diagnosis and/or special considerations needed for your child.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> None                                  | <input type="checkbox"/> Has a diagnosed learning disability               | <input type="checkbox"/> Has a diagnosed behavior disorder        |
| <input type="checkbox"/> Has a diagnosis of ADD or ADHD        | <input type="checkbox"/> Requires daily medication or services of any kind | <input type="checkbox"/> Has a physical disability                |
| <input type="checkbox"/> Has received psychological counseling | <input type="checkbox"/> Has received dual language services               | <input type="checkbox"/> Has received speech or special education |
| <input type="checkbox"/> Other _____                           |  |   |

If the child falls under any of the above listed areas, please list accommodations that have been recommended:

Please list any medications your child is presently taking.

## CATHOLIC SACRAMENTS INFORMATION

	Baptism	Reconciliation	First Eucharist	Confirmation
Date	____/____/____ <i>mm dd yyyy</i>	____/____/____ <i>mm dd yyyy</i>	____/____/____ <i>mm dd yyyy</i>	____/____/____ <i>mm dd yyyy</i>
Parish				
City, State				

## PARISHIONER STATUS

### Students' religion

- Our family is registered members at \_\_\_\_\_ Church in \_\_\_\_\_  
-  
 Our family is not registered with any parish. \_\_\_\_\_ City

## FAMILY INFORMATION

### Parents Marital status

- Married                       Separated                       Divorced\*                       Father remarried\*  
 Mother remarried\*                       Not Married

### Student lives with

- Mother and Father                       Mother                       Father  
 Guardian, Relationship                       Other

***\*If the student's parents are divorced or legally separated, a certified copy of the court order or decree must be submitted with application.***

Mailings should be sent to     Parents     Mother     Father     Guardian,  
Relationship \_\_\_\_\_

## MOTHER/ GUARDIAN

Ms.                       Dr.                       Deceased

Full name

Preferred name

Address

Cont.Address

Date of Birth

Cell phone

DL #

Place of employment

Occupation/title

Work Phone

Email

Religion

## FATHER/GUARDIAN

Mr.                       Dr.                       Deceased

Full name

Preferred name

Address

Cont. Address

Date of Birth

Cell phone

DL#

Place of employment

Occupation/title

Work Phone

Email

Religion

**STEPMOTHER****STEPFATHER** Ms.       Dr.       Deceased Mr.       Dr.       Deceased

Full name

Full name

Preferred name

Preferred name

Address

Address

Cont.Address

Cont. Address

Date of Birth

Date of Birth

Cell phone

Cell phone

DL #

DL#

Place of employment

Place of employment

Occupation/title

Occupation/title

Work Phone

Work Phone

Email

Email

Religion

Religion

List all children in the family, including the applicant, in order of birth:

Name	Sex	Age	Date of Birth	Current Grade	Current School

910 SAN JACINTO BLVD., AUSTIN, TEXAS 78701

(512) 476-1480 • [WWW.SMCSCHOOLAUSTIN.ORG](http://WWW.SMCSCHOOLAUSTIN.ORG)

FAX (512) 476-9922

E-MAIL SCHOOL@SMCAUSTIN.ORG