



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
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Student's previous school name:

City	State	Dates/grade attended
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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 _____

TUITION ASSISTANCE

Does your family intend on applying for tuition assistance?

Yes No

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

FATHER/GUARDIAN

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 _____

Occupation/title _____

Work Phone _____

Email _____

Religion _____

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