

St. Mary Catholic School—2021-2022 Family Rollover Information

2600 Bob Hall Road  
Orange, Texas 77630  
(409) 883-8913



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Religion (Denomination): \_\_\_\_\_ What Parish do you attend? \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_ Zoned School District \_\_\_\_\_

**Parent or Guardian Status (Please answer the following):**

Child resides/lives with:      Mother      Father      Both      Other (specify) \_\_\_\_\_  
Who has legal custody?      Mother      Father      Both      Other (specify) \_\_\_\_\_  
Billing taken care of by:      Mother      Father      Both      Other (specify) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Email: \_\_\_\_\_  
Father's Occupation: \_\_\_\_\_ Father's Employer: \_\_\_\_\_  
Father's Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ Father's Work Phone: (\_\_\_\_) \_\_\_\_\_  
Father's Address: \_\_\_\_\_

Do you have computer access for Parent Portal and FACTS accounts?    Yes \_\_\_\_\_    No \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Email: \_\_\_\_\_  
Mother's Occupation: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_  
Mother's Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ Mother's Work Phone: (\_\_\_\_) \_\_\_\_\_  
Mother's Address: \_\_\_\_\_

Do you have computer access for Parent Portal and FACTS accounts?    Yes \_\_\_\_\_    No \_\_\_\_\_

**Emergency Contact Persons:** For emergencies and after school pickup. Children will not be released to people not on this list without specific permission from the parents.

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Maternal Grandparents:**

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**Grandparent #1 Name**

Phone Number

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Address

Email

Would they like to receive the weekly newsletter and/or school-related mailings? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Grandparent #2 Name**

Phone Number

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Address

Email

Would they like to receive the weekly newsletter and/or school-related mailings? Yes \_\_\_\_\_ No \_\_\_\_\_

**Paternal Grandparents:**

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**Grandparent #1 Name**

Phone Number

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Address

Email

Would they like to receive the weekly newsletter and/or school-related mailings? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Grandparent #2 Name**

Phone Number

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Address

Email

Would they like to receive the weekly newsletter and/or school-related mailings? Yes \_\_\_\_\_ No \_\_\_\_\_