



SAINT MARY
Interparochial School

Saint Mary Interparochial School

Registration Form 2010-2011

Student Data

Name: _____

Address: _____

Alt Address _____

Phone Number: _____

email: _____

Date of Birth _____

Gender _____

Social Security # _____

Grade in September _____

Religion Data

Religion: _____

Parish: _____

Parent Data

Parent/Guardian 1

Name: _____

Relationship: _____

Occupation: _____

Employer: _____

Address: _____

Work Phone: _____

Cell Phone: _____

eMail: _____

Religion: _____

Place of Birth: _____

Marital Status: _____

Parent/Guardian 2

- Lives with: Both Parents Grandparents
 Mother Other
 Father
 Shared Custody

Please check here if you do **NOT** want your address listed in the student directory.

Signature of Parent or Guardian

Date

Emergency Data

Transportation Method Bus 2 Ways Bus to School Bus from School Walker Car Rider SEPTA

Emergency Contact 1 _____

Relationship _____

Phone _____

Emergency Contact 2 _____

Relationship _____

Phone _____

Medical History Allergies Recurring Illness
 Asthma Other
 Diabetes
 Epilepsy
 Heart Problems

Insurance Company _____

Policy No _____

Group No _____

Doctor _____

Phone _____

Dentist _____

Phone _____

Hospital _____