SCHOOL YEAR: 2010-2011 *GRADE:* _____

St. Mary's Regional School

735 Union Road, E. Vineland, NJ 08360

Student Application & Registration Form

Student Name_____
[Last] [First} [Middle}

Address: _____
[Street] [City] [Zip code]

Home Telephone #: [ ]_____ **Emergency #:[ ]**_____

D.O.B.___-___-___ **Place of Birth:** _____ **Social Security #:** _____-____-_____

E-Mail Address:_____**County:**_____

Parish:_____**Public School District:**_____

FATHER [or Guardian]

Name: _____

Address: _____

Place of Birth: _____

Religion: _____

Employer:_____

Occupation:_____

Social Security # _____

Home #:_____ Work # _____

Cell Phone #_____

MOTHER [or Guardian]-Maiden Name

Name:_____

Address:_____

Place of Birth: _____

Religion: _____

Employer: _____

Occupation: _____

Social Security # _____

Home #:_____ Work # _____

Cell Phone #: _____

Home Condition:

☐ Married ☐ Divorced ☐ Single Parent ☐ Father Remarried ☐ Mother Remarried

Sacrament	Date	Church	City	State
Baptism				
First Penance				
1st Communion				
Confirmation				

Admission into St. Mary's Regional School

_____

Date Grade Entered Transferred From City State

Reason for Transfer:_____

APPLICATION Fee: $25.00 NON-REFUNDABLE REGSTRATION FEE: $100.00

FOR OFFICE USE: __Baptism Copy ___Health Record ___Emergency Card ___Birth Certif. __S.S. # ___ Bus Form ___Fees