



## Registration/Application Checklist

*All new students must provide the following documents. To reserve your child's seat, the completed registration and \$100.00 registration fee will be accepted in advance of these documents. However, St. Mary School must receive all applicable documents within 30 days of application date.*

- Completed Registration application
- Registration fee of \$100 per child. Please make checks payable to St. Mary School
- Signed transfer card from last school attended
- Signed permission to obtain school records form from last school attended
- Birth Certificate

***Kindergarten registrants must be 5 years old by Oct. 1<sup>st</sup>.***

***PRE-K 3 registrants must be 3 years old by Oct. 1<sup>st</sup>.***

- Baptismal Certificate (*if applicable*)
- Completed FACTS Assistance Application for students in K-8
- B-6T (Bus Form) *with a copy of utility bill showing proof of residency*
- Up-to-date Immunization Record (*see chart below*)
- If applicable, include court approved custody documentation
- Textbook Form (Grades K-8)

PRE K REQUIRED IMMUNIZATIONS	KINDERGARTEN IMMUNIZATIONS	6 <sup>TH</sup> GRADE REQUIRED IMMUNIZATIONS
<ul style="list-style-type: none"> <li>• Four doses of Diphtheria-Tetanus-Pertussis (DTaP)</li> <li>• Three doses of polio virus vaccine</li> <li>• One dose of Varicella</li> <li>• One dose of MMR</li> <li>• * Annual Influenza</li> <li>• Pneumococcal conjugate vaccine series, Hib and Hepatitis B Series</li> </ul>	<ul style="list-style-type: none"> <li>• <i>All Pre-K Immunizations except Influenza plus...</i></li> <li>• Fifth dose of Diphtheria-Tetanus-Pertussis (DTaP)</li> <li>• Fourth dose of polio virus vaccine</li> <li>• 2<sup>nd</sup> dose of MMR</li> </ul>	<ul style="list-style-type: none"> <li>• <i>All Pre-K (except Influenza) &amp; Kindergarten Immunizations plus...</i></li> <li>• One dose of meningococcal conjugate vaccine</li> <li>• One dose of Tdap.</li> </ul>
<p>* Student will be excluded from school until March 31<sup>st</sup> or until Flu shot is given.</p>		

**Thank you for choosing St. Mary School!**



St. Mary School
735 Union Road
Vineland, NJ 08360

www.smrschool.org
(856) 692-8537
(856) 692-5034 - FAX

Minds at Work • Hearts with God • Lives of Service

20\_\_/20\_\_ REGISTRATION APPLICATION

(Enter school year)

Today's Date: \_\_\_\_\_

DOB: \_\_\_\_\_

Age on Oct. 1st: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Student Name: \_\_\_\_\_

Last

First

Middle

(Complete next line for Pre-K students only)

(Circle Times & Days)

PK 3 PK 4 # of Days

Sessions: AM or AM/PM M T W T H F

Address: \_\_\_\_\_

City

State

Zip

County: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student Ethnicity: \_\_\_\_\_

Religion: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Parish: \_\_\_\_\_

Primary Language Spoken at Home: English Other: \_\_\_\_\_

Parent/Guardian (1): \_\_\_\_\_

Last

First

Middle

Maiden Name: \_\_\_\_\_

Parent Religion: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Parent Ethnicity: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Parent Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Language Spoken at Home: English Other: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City

State

Zip

St. Mary School Alumni: Yes No Year: \_\_\_\_\_

Name at Graduation: \_\_\_\_\_





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### Sibling Information

St. Mary School not only registers a student, we like to welcome the whole family into our community as new members. Kindly provide the following information:

Name:	Date of Birth	Current School (If applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

If your child is entering kindergarten, did he/she attend a pre-school program?     Yes     No

Name of Pre-School: \_\_\_\_\_ # of days a week: \_\_\_\_\_

For children entering grades 1-8, last school attended:

Previous School Name: \_\_\_\_\_

<i>Name</i>	<i>City</i>	<i>State</i>
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What will be the means of transportation to and from school:     Car     Bus

How did you hear about St. Mary School?

Church     Newspaper     Friend/Relative     Website     Other

Why do you wish to enroll your child in St. Mary School?

\_\_\_\_\_

\_\_\_\_\_

What hobbies, sports or other activities interest your child?

\_\_\_\_\_

Does your child require any special services or have any special needs?     Yes     No

If yes, please explain: \_\_\_\_\_

Has your child ever been evaluated by a specialist or Child Study Team?     Yes     No

If yes, please explain: \_\_\_\_\_

Would you like to volunteer for school activities?     Yes     No