



Registration/Application Checklist (Parent Copy)

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. 1st.

PRE-K 3 registrants must be 2.5 years old by Oct. 1st.

- _____ Baptismal Certificate
- _____ 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 TH GRADE REQUIRED IMMUNIZATIONS
<ul style="list-style-type: none"> • Four doses of Diphtheria-Tetanus-Pertussis (DTaP) • Three doses of polio virus vaccine • One dose of Varicella • One dose of MMR • * Annual Influenza (by 12/31) • Pneumococcal conjugate vaccine series, Hib and Hepatitis B Series <p>* Student will be excluded from school until March 31st or until Flu shot is given.</p>	<ul style="list-style-type: none"> • <i>All Pre-K Immunizations except Influenza plus...</i> • Fifth dose of Diphtheria-Tetanus-Pertussis (DTaP) • Fourth dose of polio virus vaccine • 2nd dose of MMR 	<ul style="list-style-type: none"> • <i>All Pre-K (except Influenza) & Kindergarten Immunizations plus...</i> • One dose of meningococcal conjugate vaccine • One dose of Tdap.

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: _____



St. Mary School
735 Union Road
Vineland, NJ 08360

Minds at Work • Hearts with God • Lives of Service

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

Parent/Guardian (2): _____

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: _____

Child resides with: ___ Both Parents ___ Mother ___ Father ___ Other

If other, please list full name: _____ Relationship: _____

Custody Agreement:

___ Yes ___ No If yes, a copy of court approved documents must be provided with application.

Sacramental Information (Where applicable):

Table with 5 columns: Sacrament, Date, Church Name, City, State. Rows include Baptism, First Holy Communion, and Confirmation.



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

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>
-------------	-------------	--------------

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