



# ST. MARY'S NATIVITY SCHOOL

Diocese of Houma-Thibodaux  
Office of Education

APPLICATION FOR ADMISSION FORM  
2025 - 2026 School Year

FOR OFFICE USE ONLY

Student Begin Date: \_\_\_\_\_  
Student Transfer Date: \_\_\_\_\_

Information on the form needs to be complete and accurate.

- \*\$425.00 Registration & Book Computer Fee due at Registration
- \*Third Child Pays \$250.00 for Book & Computer Fee; Registration Fee is Waived
- \*Fourth Child is Free
- \*Child must be 3 or 4 by Sept.30<sup>th</sup> and Potty Trained to enter 3 or 4 year old programs
- \*Child must be 5 years old by Sept.30<sup>th</sup> to enter Kindergarten

STUDENT INFORMATION Grade \_\_\_\_\_ School Year 2025-2026

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

RACE: American Indian/Native Alaskan \_\_\_\_\_, Asian \_\_\_\_\_, Black \_\_\_\_\_, Hispanic \_\_\_\_\_  
Native Hawaiian/Pacific Islander \_\_\_\_\_, White \_\_\_\_\_, Multi Racial \_\_\_\_\_

ADDRESS: Physical: \_\_\_\_\_

Mailing: \_\_\_\_\_  
(# STREET OR HWY., P.O. BOX) (CITY) (STATE) (ZIP)

HOME PHONE: \_\_\_\_\_ STUDENT'S SOCIAL SECURITY # \_\_\_\_\_

STUDENT RESIDES WITH: \_\_\_\_\_  
(Name of person) (Relation to student)

BIRTH DATE: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ PLACE \_\_\_\_\_  
(City) (Parish) (State)

\_\_\_\_\_ will/will not (circle one and give bus # if known) ride the bus.  
AM # \_\_\_\_\_ PM # \_\_\_\_\_ (Lafourche Parish Transportation for bus routes and numbers are published in July in the Daily Comet.)

Will the above student be the oldest child attending St. Mary's School in 2025-2026? \_\_\_\_\_

Brother(s) and/or sister(s) enrolled at St. Mary's School in 2025-2026: \_\_\_\_\_

School last attended: \_\_\_\_\_  
(Name of school) (Address)

Student's Religion: \_\_\_\_\_ Church Registered: \_\_\_\_\_

Child Baptized: Date \_\_\_\_\_  
Church Parish City State

**The student's Birth Certificate, Social Security Card, Updated Immunization Records and Certificate of Baptism (if Catholic) should be presented at the time of registration.**

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REGISTRATION FEE PAID	_____	DATE	_____	CHECK #	_____	CASH	_____
BOOK/COMPUTER FEE PAID	_____	DATE	_____	CHECK #	_____	CASH	_____
TUITION PREPAID	_____	DATE	_____	CHECK #	_____	CASH	_____
LUNCH FEE PAID	_____	DATE	_____	CHECK #	_____	CASH	_____
BAND FEE PAID	_____	DATE	_____	CHECK #	_____	CASH	_____
TUITION LOAN AMOUNT	_____	DATE	_____	CHECK #	_____	CASH	_____
LATE FEE	_____	DATE	_____	CHECK #	_____	CASH	_____

FATHER'S NAME: \_\_\_\_\_ STATUS: \_\_\_\_\_  
 (Last) (First) (Middle) SINGLE \_\_\_\_\_  
 MARRIED \_\_\_\_\_  
 DIVORCED \_\_\_\_\_  
 WIDOW \_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_ FATHER'S RELIGION: \_\_\_\_\_

Please provide an existing email address for emergency information.

#Street/Hwy	City/Town	State	Zip	Home Phone Number
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MOTHER'S NAME: \_\_\_\_\_ STATUS: \_\_\_\_\_  
 (Last) (First) (Middle) SINGLE \_\_\_\_\_  
 MARRIED \_\_\_\_\_  
 DIVORCED \_\_\_\_\_  
 WIDOW \_\_\_\_\_

MOTHER'S OCCUPATION: \_\_\_\_\_ MOTHER'S RELIGION: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

(Company)	(Address)	(Phone Number)
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Please provide an existing email address for emergency information.

#Street/Hwy	City/Town	State	Zip	Home Phone Number
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STEP-FATHER' S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
(Last) (First) (Middle)

STEP-FATHER'S OCCUPATION:

NAME OF EMPLOYER: \_\_\_\_\_

(Company)	(Address)	(Phone Number)
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STEP-MOTHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
(Last) (First) (Middle)

STEP-MOTHER' S OCCUPATION:

**NAME OF EMPLOYER:**

(Company)	(Address)	(Phone Number)
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**GRANDPARENTS INFORMATION: Name, Address, Phone:**

Maternal:

Faternal:

## EMERGENCY AND MEDICAL INFORMATION

If there are any special problems concerning this student: Emotional, Academic, or Physical health, or otherwise please indicate: \_\_\_\_\_

Does your child have an IEP? \_\_\_\_\_. Please provide a copy of your child's IEP before application is accepted. At this time, the only Special Services we are able to provide is Speech.

In the event of emergency, illness or accident to \_\_\_\_\_ a school official is authorized to contact individuals as indicated below:

Please indicate by numbering, in order, people to contact and list phone numbers.

**	Emergency Notification System Main Parent Contact	Phone Number
( )	Contact Father _____ Name of Person - Relationship	Phone Number _____
( )	Contact Mother _____ Name of Person - Relationship	Phone Number _____
( )	Contact _____ Name of Person - Relationship	Phone Number _____
( )	Contact _____ Name of Person - Relationship	Phone Number _____
( )	Contact _____ Name of Person - Relationship	Phone Number _____
( )	Contact _____ Name of Person - Relationship	Phone Number _____
( )	Contact _____ Name of Person - Relationship	Phone Number _____
( )	Contact Family Physican _____ Name	Phone Number _____
Family physican's address _____		
( )	Take child to emergency hospital _____	
( )	Other desired procedures _____	

## MEDICAL PERMISSION

We the parents of \_\_\_\_\_ hereby give permission for medical help to be administered by a licensed physican in case of an emergency. We understand that all bills should be sent to us. We understand that the Student Insurance is a Supplemental Insurance coverage. Our child \_\_\_\_\_ is covered under our personal insurance policy.

Policy Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Student's Physician \_\_\_\_\_  
(Name) (complete physical address)

## Parishioner Verification

A registered parishioner is a family that is registered in a Catholic Church Parish in the Diocese of Houma-Thibodaux. If you are registered in a church parish, please have your Pastor sign the Parishioner Verification Form attached to this application and return no later than April 15, 2025.

My signature verifies my registration and participation in the church parish of \_\_\_\_\_. My physical address is \_\_\_\_\_.

In addition, my signature verifies I have read the below statement:

The school reserves the right to refuse admission or terminate enrollment for failure to disclose all educational, medical, and legal information. Registration and acceptance into the school is not formally complete until all records are received, reviewed, and evaluated from prior school of attendance and student handbook acceptance letters have been signed and returned to the school office.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Parent's Signature)