



PARENT INFORMATION:

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

IF ALUMNI OF ST. MARY'S: YEAR \_\_\_\_\_

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

NAME OF EMPLOYER: \_\_\_\_\_  
(Company) (Address) (Phone Number)

Please provide an existing email address for emergency information. \_\_\_\_\_

List father's address if different from student(s):

\_\_\_\_\_  
#Street/Hwy City/Town State Zip Home Phone Number

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

If ALUMNI OF ST. MARY'S MADIEN NAME: \_\_\_\_\_ YEAR \_\_\_\_\_

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

NAME OF EMPLOYER: \_\_\_\_\_  
(Company) (Address) (Phone Number)

Please provide an existing email address for emergency information. \_\_\_\_\_

List mother's address if different from student(s):

\_\_\_\_\_  
#Street/Hwy City/Town State Zip Home Phone Number

STEP-PARENT INFORMATION

STEP-FATHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
(Last) (First) (Middle)

STEP-FATHER'S OCCUPATION: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_  
(Company) (Address) (Phone Number)

STEP-MOTHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
(Last) (First) (Middle)

STEP-MOTHER'S OCCUPATION: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_  
(Company) (Address) (Phone Number)

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 Phone Number
( ) Contact Mother 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 physician 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, 2024.

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)