



*Loving to learn and learning to grow at... St. Mary's Catholic School*  
 330 Pratt St. Mansfield, Massachusetts 02048-1581

Tel: 508-339-4800 email: [info@stmarymansschool.org](mailto:info@stmarymansschool.org)  
 Fax: 508-337-2063 Web: [www.stmarymansschool.org](http://www.stmarymansschool.org)

*Proudly accredited by the New England Association of Schools and Colleges*

## Application for Admission

2017-2018

### Student Information

Please complete one application per student

(Place Student Photo Here.)

Student's Name: \_\_\_\_\_  
 (First) (Middle) (Last)

Applying for Grade: Circle one: PS K 1 2 3 4 5 6 7 8

Age as of 09/01/17: \_\_\_\_\_ Male \_\_\_\_\_ Female

Home Address: \_\_\_\_\_  
 (# Street) (P.O. Box)  
 \_\_\_\_\_  
 (City) (State) (Zip code)

Home Phone: \_\_\_\_\_

Birth: \_\_\_\_\_  
 (mo) (day) (yr) (Place) (City) (State)

Baptism: \_\_\_\_\_  
 (mo) (day) (yr) (Parish/Church) (City) (State)

First Communion: \_\_\_\_\_  
 (mo) (day) (yr) (Parish/Church) (City) (State)

### Family Information

**\*Please indicate who the primary contact should be**

(Check one)  **Mother**  Guardian

(Check one)  **Father**  Guardian

Name: \_\_\_\_\_  
 (First) (Middle) (Maiden) (Last) (First) (Middle) (Last)

Home Address: \_\_\_\_\_  
 (# Street) (# Street)  
 \_\_\_\_\_  
 (City) (State) (Zip code) (City) (State) (Zip code)

E-mail : \_\_\_\_\_  
 Mother Father

Phone: \_\_\_\_\_  
 (Home Phone) (Cell Phone) (Home Phone) (Cell Phone)

\_\_\_\_\_ (Work Phone) \_\_\_\_\_ (Work Phone)

Occupation: \_\_\_\_\_

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

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

Parish/Church/ \_\_\_\_\_

Town: \_\_\_\_\_

<i>Please check.</i>	Yes	No	<i>Please check.</i>	Yes	No
Registered?	_____	_____	Registered?	_____	_____
Active?	_____	_____	Active?	_____	_____
Contributing?	_____	_____	Contributing?	_____	_____

Parents' Marital Status:

\_\_\_\_\_ Married                      \_\_\_\_\_ Mother remarried                      \_\_\_\_\_ Father remarried

\_\_\_\_\_ Separated/Divorced                      \_\_\_\_\_ Mother deceased                      \_\_\_\_\_ Father deceased

\_\_\_\_\_ Single parent household

Student lives with:

\_\_\_\_\_ (# Street)  
 \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code)

Correspondence should be addressed to:

Mr./Mrs./Ms./

Mr. & Mrs.

\_\_\_\_\_ (First Name/s) \_\_\_\_\_ (Last Name/s) \_\_\_\_\_ (# Street)  
 \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code)

*The Massachusetts Department of Education requires us to provide the ethnic and racial backgrounds of our student population.*

**Ethnicity (optional):** \_\_\_\_\_ Hispanic/Latino                      \_\_\_\_\_ Non-Hispanic/Latino

**Race (optional):**

\_\_\_\_\_ Asian                      \_\_\_\_\_ American Indian/Native Alaskan                      \_\_\_\_\_ Black/African American

\_\_\_\_\_ White                      \_\_\_\_\_ Native Hawaiian/Pacific Islander                      \_\_\_\_\_ Multi-racial

Primary language(s) used at home: \_\_\_\_\_

Siblings:

<u>Name</u>	<u>DOB</u>	<u>Grade</u> Sept. 2016	<u>School, at home ...</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Academic Information

Present School: \_\_\_\_\_  
 \_\_\_\_\_  
 (# Street)

Present Grade: \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_  
 (City) (State) (Zip code)

Other Schools Attended:

<u>Grade</u>	<u>Dates</u> (from)	(to)	<u>School</u>	<u>Address</u>
_____	____/____/____ (mo) (day) (yr)	____/____/____ (mo) (day) (yr)	_____	_____ (City) _____ (State) _____ - _____ (Zip code)
_____	____/____/____ (mo) (day) (yr)	____/____/____ (mo) (day) (yr)	_____	_____ (City) _____ (State) _____ - _____ (Zip code)
_____	____/____/____ (mo) (day) (yr)	____/____/____ (mo) (day) (yr)	_____	_____ (City) _____ (State) _____ - _____ (Zip code)
_____	____/____/____ (mo) (day) (yr)	____/____/____ (mo) (day) (yr)	_____	_____ (City) _____ (State) _____ - _____ (Zip code)

Has the applicant ever been evaluated for or received services under Chapter I/Chapter 766 in any grade?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, in what grade(s) and for what service(s)? If applicable, please attach current 504 Plan or IEP.

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## Support of the School's Philosophy

Submission of this application acknowledges that the parents/guardians of the student understand the school's mission and philosophy, fully support the school in its religious and spiritual as well as academic goals and objectives, agree to abide school policies and procedures, and agree to meet the financial obligations implied by enrollment.

*The relationship between the parents and St. Mary's Catholic School is a covenant, which is not merely a contract, but an agreement based on trust. If at any time the agreement has been broken, the administration reserves the right to ask the family to leave the school.*

Please call 508-339-4800, fax 508-337-2063, or e-mail [Info@StMaryMansSchool.org](mailto:Info@StMaryMansSchool.org) with any questions. Thank you!