

ALL FEES ARE NONREFUNDABLE
Registration fee is required with application.

ST. MARY ON THE HILL CATHOLIC SCHOOL
NEW STUDENT APPLICATION

Grade applying for _____
Student's Soc. Sec. #: _____
Church family attends _____

Student's Legal Last Name _____ First _____ Middle _____ Goes by _____

Student's Legal Address _____ City _____ State _____ Zip _____ County _____ Home Phone # _____

Birth date: Month/day/year _____ Place of birth – City & State _____ Age _____ Religion _____ Sex _____ Race/Ethnicity _____

Baptism Date/ Name of Church/City/State _____ First Communion Date/Name of Church/City/State _____

Name of School last attended and complete address City/State _____ Reason for leaving _____

Student resides with: (Circle) Both Parents Mother Father Other _____ Who is the custodial parent? _____

Father's Name (please indicate correct title) Single Separated Remarried Married Divorced Deceased Religion: _____ Home phone: _____ Cell phone: _____
Employer: _____ Business phone: _____

Mother's Name (please indicate correct title) Single Separated Remarried Married Divorced Deceased Religion: _____ Home phone: _____ Cell phone: _____
Employer: _____ Business phone: _____

Guardian's Name (if applicable) _____ Relationship to student _____ Phone: _____

E-mail address(es) to receive school information: _____

Student's rank in family _____ #Sisters _____ #Brothers _____ Emergency contact in case parents cannot be reached. Name, phone & relationship to student _____

Emergency preference: _____
Doctor _____ Phone _____ Hospital preference _____

Medical: List any serious health problems, allergies or disabilities _____

FOR SECURITY REASONS PLEASE LIST ON BACK OF FORM ALL PERSONS AUTHORIZED TO PICK UP YOUR CHILD.

I fully understand that I must pay the registration fee at the time of registration. Before a child is accepted a placement test is given. Grade placement may be at the grade level entering or below. A copy of the previous year's report card and standardized test scores must be submitted by the day of the placement test. We will contact you to set up testing. Copies of the child's Birth Certificate, Georgia Immunization form, and Eye, Ear & Dental form are required by the state of Georgia for admission. The school requires a copy of the child's Baptismal Certificate. These forms must be submitted by the first day of school. Upon acceptance, I agree to comply with the procedures and requirements stipulated in the Student/Parent Handbook.

Signature of Parent or Guardian _____ Date _____

FOR SCHOOL USE ONLY: Reg. Fee _____ Placement test fee _____ Birth Certificate _____ Immunization. Record _____ EED _____ Baptismal Certificate _____
(Over please)

Please list all schools this student has attended, beginning with the most current school.

Name of school	Address	Grades attended	Reason for leaving

Has your child ever been evaluated for any special needs? (IEP's, 504 Plan, etc.) Yes No

Has your child ever been tested for any of the following?

Learning Disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place:	Date:
Speech/Language Disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place:	Date:
Hearing/Vision Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place:	Date:
Attention Deficit Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place:	Date:
Hyperactivity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place:	Date:
Dyslexia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place:	Date:
Other (describe below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place:	Date:
Has your child taken medication for any of the above	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication and dosage:	Date:

If you answered yes to any of the above, please share with us all information obtained from these evaluations and provide a copy of the evaluation: _____

Is your child receiving any special assistance or support services at this time? Yes No If yes, please explain: _____

Has your child ever been asked to leave a school due to disciplinary or academic reasons? Yes No If yes please explain: _____

Are there any situations or pertinent information that we should know in order to further understand your child? Yes No If yes, please explain: _____

Persons authorized to pick up my student from school.

Name: _____ Relationship to student: _____ Phone : _____

Name: _____ Relationship to student: _____ Phone : _____

Name: _____ Relationship to student: _____ Phone : _____

Name: _____ Relationship to student: _____ Phone : _____