



# ST. MARY'S CATHOLIC SCHOOL

205 West Essex, Salem, SD 57058

\_\_\_\_\_  
Last Name

## 2020 - 2021 REGISTRATION FORM

**ONE PER FAMILY**

**TO BE FILLED OUT BY PARENT OR GUARDIAN**

**This form becomes a part of the student's record and must be signed by the parent/legal guardian.**

**Parents/Guardians MUST keep address and phone numbers current. NOTIFY the office immediately of any changes.**

SDCL 13-27-3.1 requires the parent/legal guardian to provide the school with a certified copy (not hospital issued) of the student's birth certificate.

NEW STUDENTS - enrollment will not begin until all of your records are on file in the school office.

STUDENT INFORMATION							
Student Last Name (Legal - on birth certificate)	Student First Name (Legal - on birth certificate)	Grade Entering	Date of Birth	M / F	Allergies (fill out allergy form)	Medications (fill out medication form)	Ethnicity
1)							
2)							
3)							
4)							

FAMILY (Household) INFORMATION			
FATHER		MOTHER (list information only if different)	
Name:		Name:	
Physical Address (House # and Street)		Physical Address (House # and Street)	
Mailing address - PO Box (if different)		Mailing address - PO Box (if different)	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Employer:	Work Phone:	Employer:	Work Phone:
E-Mail Address:		E-Mail Address:	

**What religious faith is practiced in the home?** \_\_\_\_\_

Is a language **other than English** spoken in the home? NO  YES  If yes, what language? \_\_\_\_\_

Non-Custodial Parent Information (NOT residing with student)			
FATHER		MOTHER (list information only if different)	
Name:		Name:	
Physical Address (House # and Street)		Physical Address (House # and Street)	
Mailing address - PO Box (if different)		Mailing address - PO Box (if different)	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Employer:	Work Phone:	Employer:	Work Phone:
E-Mail Address:		E-Mail Address:	

***It is the responsibility of the parent/legal guardian to keep your address and phone numbers current with us at all times.***

**BUS SERVICE:** Will student(s) be riding a bus? YES  NO

During inclement weather or if bus service is unavailable, my child/children will go with:

Name:	Relationship:	Home Phone:	Cell Phone:
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Name:	Relationship:	Home Phone:	Cell Phone:
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Name:	Relationship:	Home Phone:	Cell Phone:
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**EMERGENCY DATA**

It is the policy of the St. Mary Catholic School to provide emergency health care for students when necessary during their attendance at school school activities or events, and to release necessary information requested in connection with the provision of such care. Responsibility for payment of ambulance, physician, and/or hospital expenses is that of the parent/legal guardian. If parents/legal guardians cannot be reached, contact:

Name:	Relationship:	City/State:	Phone Number:
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Name:	Relationship:	City/State:	Phone Number:
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Name:	Relationship:	City/State:	Phone Number:
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**For Medical Treatment, contact:** (You, the parent/guardian, will be held responsible for any medical expenses incurred)

Physician:	Clinic:	City:	Phone Number:
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Hospital Preference:

**NOTIFICATIONS/AUTHORIZATIONS** - By signing below, I am giving my consent to all of the notifications/authorizations listed below for which I have checked the "yes" box. (Please check the "no" box for any policies to which you do not agree as outlined in the parent/student handbook and notify the school principal).

**MEDIA**  YES  NO

**FIELD TRIPS**  YES  NO

**INTERNET ACCESS**  YES  NO

**COUNSELING SERVICES**  YES  NO

**DIRECTORY INFORMATION**  YES  NO

**PARENT/ GUARDIAN CERTIFICATION**  YES  NO

**STUDENT HANDBOOKS**  YES  NO

**MEDICAL CONSENT**  YES  NO

**Signature of Parent/Legal Guardian**

Date

**SIBLINGS AT HOME THAT HAVE NOT YET ATTENDED SCHOOL**

1) FULL NAME	DATE OF BIRTH
2) FULL NAME	DATE OF BIRTH
3) FULL NAME	DATE OF BIRTH

Date

Signature of Parent or Guardian