



**SAINT MARY**  
Interparochial School

# Saint Mary Interparochial School

## Registration Form 2010-2011

### Student Data

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Alt Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

email: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

Social Security # \_\_\_\_\_

Grade in September \_\_\_\_\_

### Religion Data

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

Parish: \_\_\_\_\_

### Parent Data

#### Parent/Guardian 1

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

eMail: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

#### Parent/Guardian 2

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Lives with:  Both Parents     Grandparents  
 Mother                       Other  
 Father  
 Shared Custody

Please check here if you do **NOT** want your address listed in the student directory.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Emergency Data

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**Transportation Method**  Bus 2 Ways  Bus to School  Bus from School  Walker  Car Rider  SEPTA

**Emergency Contact 1** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Emergency Contact 2** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Medical History**  Allergies  Recurring Illness  
 Asthma  Other  
 Diabetes  
 Epilepsy  
 Heart Problems

**Insurance Company** \_\_\_\_\_

**Policy No** \_\_\_\_\_

**Group No** \_\_\_\_\_

**Doctor** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Dentist** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Hospital** \_\_\_\_\_