

PRE-REGISTRATION FORM

Saint Mary Interparochial School
Fifth and Locust Streets
Philadelphia, PA 19106
215-923-7522

Please print all information.

Student's First Name Middle Name Last Name ____/____/____
Date of Birth

Address: _____

City, State, Zip _____

Home Phone _____ Applying for Grade _____

Religion: Catholic _____ Parish in which you are registered _____

Non-Catholic _____ What denomination? _____

Social Security # _____

School Presently Attending _____

Address of School _____

Relatives presently enrolled at St. Mary School? _____

How did you learn about St. Mary Interparochial School? _____

Mother's First Name Maiden Name Last Name

Occupation/Employer _____

Work Phone _____ Cell Phone _____

Religion _____ Place of Birth _____

Father's First Name Last Name

Occupation/Employer _____

Work Phone _____ Cell Phone _____

Religion _____ Place of Birth _____

Married _____ Separated _____ Divorced _____ Single _____ Re-married _____

Is child living with anyone other than biological parents? No _____ Yes _____

If yes, please give name and relationship to child. _____

Emergency contact if parents/guardians are unavailable:

Name Phone Number(s)

SMIPS person receiving application, please initial. _____ Date _____