St. Margaret Mary School

REGISTRATION/RE-REGISTRATION/EMERGENCY CONTACT INFORMATION

Return this form with your $60 Registration/Re-registration Fee

Date :_______________	Grade In September: ________________________	School Year: 2022-2023

Student Last Name:	First Name:	MN

Siblings Attending St. Margaret Mary School	Grade:
1.	
2.	
3	

Home Address:	Apt:	City:	Zip Code:

Student D.O.B. __________________	Place Of Birth:	Gender ☐ Male ☐ Female

Child Resides With: ☐ Both Parents ☐ Mother ☐ Father ☐ Relatives ☐ Guardian

Mother/Guardian Information: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Deceased

Mother's Name:	Occupation:

Company Name & Address:

Religion:	Primary Language:

Home Phone: (_______)______-___________	Cell (______)______-___________	Work: (______)______-___________

Email:

Father/Guardian Information: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Deceased

Father's Name	Occupation:

Company Name & Address:

Religion:	Primary Language:

Home Phone: (_______)______-___________	Cell (______)______-___________	Work: (______)______-___________

Email:

St. Margaret Mary School

In Case Of Emergency And Parents Are Not Available To Contact:		
Name:	Relationship	(_____)_____-___________
Name:	Relationship	(_____)_____-___________
Name:	Relationship	(_____)_____-___________
Person(s) Authorize To Pick Up Your Child		
Name:	Relationship	(_____)_____-___________
Name:	Relationship	(_____)_____-___________
Name:	Relationship	(_____)_____-___________
Medical Information		
Is your child under medical care or taking any medication(s)? ☐ Yes ☐ No		
If yes, please check all of the following conditions that your child has and indicate if medication needs to be dispensed at school.		
☐Bee Sting Allergy ☐Epi-pen ☐Asthma ☐Inhaler ☐Vision/Hearing Other Allergies		
Physician's Name:	Address:	(_____)_____-___________
In case of serious illness I request that the school contact me. If they are not able to reach me, I hereby authorize to call the physician listed below and to follow his/her instructions. If it is impossible to contact the physician, the schoolmay make arrangements, which they deem necessary. Parent Signature______________________________________ Date ______________________		
Primary Language Spoken ☐English ☐Spanish ☐Chinese ☐Albanian ☐Singhala Other:____________________		
Religion ☐Catholic ☐Non-Catholic ☐Christian ☐Buddhist Other: ____________________		
Date Of Baptism:	Church Of Baptism	Current Parish
Ethnicity ☐ White ☐ African American/ Black ☐ Hispanic ☐ Asian ☐ Native American/Alaskan Native ☐ Hawaiian Native/Pacific Islander		
Parents will notify St. John's School in writing of any changes in family addresses, telephone numbers and emergency contactinformation.		
Mother's Signature______________________________________Date______________________ Father's Signature______________________________________Date______________________		