ST. MARY ON THE HILL CATHOLIC SCHOOL **Grade entering in August 2008_____**
NEW STUDENT APPLICATION **Student's Soc. Sec. #:_____**

ALL FEES ARE NONREFUNDABLE
A fee of $300 is required at the time of application. **Parish in which family is registered_____**

Student's Legal Last Name | **First** | **Middle** | **Goes by**

Student's Address | **City** | **State** | **Zip** | **County** | **Home Phone #**

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

Baptism – Name of Church, City, State and Date of Baptism

First Communion – Name of Church, City, State and Date

Name of School last attended and complete address

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

Father's Name (please indicate correct title) | **Religion** | **Employer** | **Work Phone/Pager/Cell Phone** | **Email address**

Mother's Name (please indicate correct title) | **Religion** | **Employer** | **Work Phone/Pager/Cell Phone** | **Email address**

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 or disabilities_____
List any special needs:_____

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. 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./Ins. Fee_____ Placement test fee_____ Birth Cert._____ Imm. Rec._____ EED_____ Bapt/Com Cert. _____