



# New Student Application for Enrollment

*This application form must be submitted for all new students. Families new to the school should include a check for \$110 per child, \$215 for 2 children, and \$300 for 3 or more children payable to St. Mary's Visitation School. This non-refundable fee will be applied to Registration fees.*

## Part One- Student Information Please Print

Name of Student \_\_\_\_\_ Sex \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Primary E-Mail Address \_\_\_\_\_

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

Grade Entering in fall, 2020 \_\_\_\_\_

Ethnic Group-for reporting purposes only, please check most characteristic: \_\_\_Alaskan/Native American  
\_\_\_Asian/Pacific Islander \_\_\_Black/African-American \_\_\_Hispanic \_\_\_White/Caucasian/Middle Eastern  
\_\_\_Bi-racial (Specify : \_\_\_\_\_)

Student's Religion \_\_\_\_\_

Baptism \_\_\_\_\_  
(Date) (Church) (City, State)

Reconciliation \_\_\_\_\_  
(Date) (Church) (City, State)

First Eucharist \_\_\_\_\_  
(Date) (Church) (City, State)

*If the student was previously enrolled at another school, please fill out the information below.*

School Name \_\_\_\_\_ School Phone \_\_\_\_\_ Date Left \_\_\_\_\_

School Address \_\_\_\_\_  
(City, State) (Zip Code)

Has your child been evaluated, qualified, or received services for an exceptional education need, (e.g., speech/language, learning difference, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate the program \_\_\_\_\_

Has your child been recommended/qualified for an Individual Educational Plan (IEP)? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any medical restrictions? Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list them \_\_\_\_\_

### Please fill out Part Two which is on the back of this form

*For School Office Use*

Amount \$ \_\_\_\_\_

Date and Time \_\_\_\_\_

Check# \_\_\_\_\_

**Part Two- Parent Information**

***Father's Information***

Name \_\_\_\_\_  
*(First) (Middle) (Last)*

Home Address \_\_\_\_\_  
*(City, State) (Zip Code)*

Place of Employment \_\_\_\_\_ Occupation/Position \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Religion \_\_\_\_\_ Are you a registered member of St. Mary's Visitation Parish? \_\_\_ Yes \_\_\_ No

Parish, if not St. Mary's Visitation \_\_\_\_\_

St. Mary's Visitation Alumnus? \_\_\_\_\_ If yes, class year \_\_\_\_\_

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***Mother's Information***

Name \_\_\_\_\_  
*(First) (Middle) (Last)*

Home Address \_\_\_\_\_  
*(City, State) (Zip Code)*

Place of Employment \_\_\_\_\_ Occupation/Position \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Religion \_\_\_\_\_ Are you a registered member of St. Mary's Visitation Parish? \_\_\_ Yes \_\_\_ No

Parish, if not St. Mary's Visitation \_\_\_\_\_

St. Mary's Visitation Alumnus? \_\_\_\_\_ If yes, class year \_\_\_\_\_

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Who is responsible for tuition? \_\_\_ Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other

Marital Status of Parents \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single

The child resides with: \_\_\_\_\_  
*(Name/s) (Relationship)*

Who has legal custody of the child? \_\_\_\_\_

Language spoken at home \_\_\_\_\_

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***Sibling Information***

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Current School \_\_\_\_\_

