

SAINT MARY SCHOOL - DIOCESE OF RALEIGH
REGISTRATION FORM
1601 EDGERTON STREET, GOLDSBORO, NC 27530
PHONE: 735-1931 FAX: 735-1917

Entering
Grade: _____

Date: _____ Child's Social Security Number _____

CHILD'S LAST NAME FIRST MI PLACE OF BIRTH DOB-MO-DA-YR

STREET ADDRESS CITY ZIP HOME PHONE E-MAIL ADDRESS

FATHER'S FULL NAME MOTHER'S FULL NAME

IF IN SERVICE--RANK GUARDIAN (IF OTHER THAN PARENTS)

CHILD'S BAPTISMAL CHURCH LOCATION DATE

CHILD'S FIRST COMMUNION CHURCH LOCATION DATE

FATHER'S RELIGION PARISH/CHURCH ST. MARY CHURCH ENVELOPE # BIRTHPLACE

MOTHER'S RELIGION PARISH/CHURCH ST. MARY CHURCH ENVELOPE # BIRTHPLACE

FATHER'S BUSINESS NAME AND ADDRESS OCCUPATION WORK NUMBER

MOTHER'S BUSINESS NAME AND ADDRESS OCCUPATION WORK NUMBER

LAST SCHOOL ATTENDED ADDRESS GRADE

CHILD'S PHYSICIAN PHONE

NAMES OF BROTHER/SISTERS, BIRTHDATES (OLDEST TO YOUNGEST)

SPECIAL INFO ABOUT CHILD OR FAMILY: _____

PROCESSING FEE: \$40.00

___ OWES ___ PAID ___ CASH ___ CHECK _____ CHECK NUMBER

REGISTRATION FEE: \$80.00

___ OWES ___ PAID ___ CASH ___ CHECK _____ CHECK NUMBER