

SPECIAL INFORMATION

Any medical conditions/physical limitations the school should be aware of: _____

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Is your child taking any medication? If so, what kind? _____

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Please check if your child has been referred for testing or identified for any of the following:

_____ Learning Disabilities _____ ADHD/ADD _____ Speech/Language

Please check if your student has either of the following:

_____ IEP _____ a 504 Plan

Please describe to what extent your family is involved in the work of your church:

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Why did you choose to apply to St. Mary School? Where did you hear about St. Mary School?

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If accepted, what will your involvement be in time, talent and treasure? (ie. Volunteer interests)

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If you are currently an active and supporting member of St. Mary Parish you may be entitled to receive the parishioner tuition rate. You must be a registered member of the parish with identifiable contributions and active participation to be eligible for this rate.

Note: Completion of this application does not guarantee your child's admission to St. Mary School.

A \$80 non-refundable registration fee and a \$40 processing fee (**per child**) must be enclosed with this application for it to be included for consideration in our admissions

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process. Applications will be processed beginning in **MARCH** according to our admissions policy.

I have enclosed all of the attachments listed above along with the \$80 non-refundable registration fee. The information provided above is accurate to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE

DATE

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