

PRESENTATION OF MARY ACADEMY • REGISTRATION FORM

Please PRINT. Complete ONE form for each student registering. Return completed form with the NON-REFUNDABLE fee for each student.

If current PMA student: Grade: _____ Class Code: _____

Please CIRCLE Grade Student is entering in Fall:	Pre-K Half Day (4 yr.)	Pre-K Full Day (4 yr.)	Pre-K Half Day (3 yr.) Kindergarten	Pre-K Full Day (3 yr.) Grade:	1	2	3	4	5	6	7	8
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Full Name of Student: _____ Male Female
LAST FIRST MIDDLE

Date of Birth _____ **Birth Place:** _____
Month Day Year City State County

Child's Age: _____ **Religious Affiliation:** _____ **Nationality:** _____

	Mother/Guardian	Father/Guardian
Name	_____	_____
Maiden <i>(if applicable)</i>	_____	_____
Home Address	_____	_____
Home Phone/Cell Phone	/	/
E-mail Address	_____	_____
Occupation	_____	_____
Employer	_____	_____
Business Phone	_____	_____
Birth Place/Religion	/	/

Parental Status (please circle): MARRIED SEPARATED SINGLE PARENT DIVORCED LEGAL GUARDIAN

Child lives with (please circle): BOTH PARENTS MOTHER ONLY FATHER ONLY OTHER: _____

Parish Student is Registered: _____ **City:** _____

Baptism Parish: _____ **Date:** _____ **1st Communion Parish:** _____ **Date:** _____

Reconciliation Parish: _____ **Date:** _____

Name of Last School Attended: _____ **Grade:** _____

Address: _____ **Phone Number:** _____ **Fax Number:** _____

	NAME	AGE	DOB		NAME	AGE	DOB
Siblings:							
1:	_____	_____	_____	2:	_____	_____	_____
3:	_____	_____	_____	4:	_____	_____	_____

PRE-K AND KINDERGARTEN PARENTS ONLY PLEASE CHECK ONE: <i>(This information will help us plan for First Grade Placement)</i>	<input type="checkbox"/> I/We PLAN to send our child to PMA for First Grade. <input type="checkbox"/> I/We WILL NOT send our child to PMA for First Grade. <input type="checkbox"/> I/We are NOT SURE at this time.
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FOR OFFICE USE ONLY			
Amount Received: _____	Date: _____	Check No.: _____	Cash: _____ Rec'd By: _____
Multi-Family Grades: _____	Birth Certificate Verified: _____	Baptismal Certificate Verified: _____	