



# Application for Admission

St. Mary Catholic School \* 628 St. Lafayette \* Royal Oak, MI 48067  
Phone: 248.545.2140 \* Fax: 248.545.2303

All the information listed below serves an important purpose. It may be required by the Archdiocese of Detroit, the State of Michigan, and the School District of Royal Oak or by all three. Please provide all information requested. No "P.O. Boxes" please.

## Student Information:

**Student # 1** (First & Last Name): \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Birth City: \_\_\_\_\_ M/F: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_  
Other Sacraments (Include Date & Parish): \_\_\_\_\_  
Race/Ethnicity: \_\_\_\_\_  
Student's Religion: \_\_\_\_\_  
Current Parish/Church: \_\_\_\_\_  
Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Marital Status of Parents: \_\_\_\_\_  
With whom do the students reside: \_\_\_\_\_  
Name of other adults who live in the home: \_\_\_\_\_  
Relationship to Students: \_\_\_\_\_

## Mother's Personal Information:

First and Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone/Beeper: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Religion: \_\_\_\_\_

## Father's Personal Information:

First and Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone/Beeper: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Religion: \_\_\_\_\_

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**Student # 2** (First & Last Name): \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Birth City: \_\_\_\_\_ M/F: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_  
Other Sacraments (Include Date & Parish): \_\_\_\_\_  
Race/Ethnicity: \_\_\_\_\_  
Student's Religion: \_\_\_\_\_  
Current Parish/Church: \_\_\_\_\_  
Last School Attended: \_\_\_\_\_

**Student # 3** (First & Last Name): \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Birth City: \_\_\_\_\_ M/F: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_  
Other Sacraments (Include Date & Parish): \_\_\_\_\_  
Race/Ethnicity: \_\_\_\_\_  
Student's Religion: \_\_\_\_\_  
Current Parish/Church: \_\_\_\_\_  
Last School Attended: \_\_\_\_\_

Parish: \_\_\_\_\_  
Driver's License#: \_\_\_\_\_

## Mother's Employment Information:

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Parish: \_\_\_\_\_  
Driver's License#: \_\_\_\_\_

## Father's Employment Information:

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

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## Emergency Contact Information: (other than Mother or Father)

First & Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Special Health Information:

Is Student #1 in good health? Yes \_\_\_ or No \_\_\_

Is Student #2 in good health? Yes \_\_\_ or No \_\_\_

Is Student #3 in good health? Yes \_\_\_ or No \_\_\_

Please describe any special health information/restrictions in the box below.  
Identify each student and their special health information.

## Who may pick this child up from school?

As a "Green School", St. Mary Catholic School is asking every family to supply us with an e-mail address that would be used to send letters, newsletters, lunch menus, etc. home. Not only would this save on paper, ink, printing costs, etc., but every family would receive information from the school in a more timely manner.

E-mail Address for School Information \_\_\_\_\_

\_\_\_\_\_ Check here if you do not have an e-mail address and need hard copies of forms sent by e-mail.

How did you hear about St. Mary Catholic School? \_\_\_\_\_

Why have you decided to send your child to St. Mary Catholic School? \_\_\_\_\_

Parent Signature: \_\_\_\_\_