



Preschool, Elementary, & Junior High

2025-2026 REGISTRATION FORM

NEW STUDENTS

Child's Full Name _____
First Middle Last

Child's Soc. Sec. # _____ - _____ - _____ Date of Birth (m/d/y) _____ - _____ - _____

Gender: M F Grade Entering _____ or Preschool Class 2-Day AM 3-Day AM/PM 5-Day PM

Ethnic Background (response is optional - data used in preparing required federal, state, and diocesan reports)
American Indian/Alaskan Native Hispanic
African American Caucasian/White (Non-Hispanic)
Oriental American/Asian or Pacific Islander Multi-Racial (Non-Hispanic)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

School District, AND School Building in which you reside _____ / _____

Will you be using Bus Transportation? (applies to grades K-8) Yes No
If yes please check one: Madison Mansfield City Lexington Ontario Lucas Ashland

Father's Name _____	Mother's Name _____
Occupation _____	Occupation _____
Business _____	Business _____
Bus. Phone _____	Bus. Phone _____
Cell Phone _____	Cell Phone _____
Religious Affiliation _____	Religious Affiliation _____

Sibling(s), Grade: _____

Parents/Guardians are: (please check) Married Separated Divorced Single Widow/Widower
If custody of child has been granted by a court decree, who has custody? _____ (attach copy of custody papers)
Name, address, and phone number of the parent(s) not living with the child: _____

Is family registered members of St. Mary's Church? Yes No
If no, are you registered at another parish Yes No If yes, name of parish _____
List sacraments your child has received (Parish, City, State, and Date)
(Unless done at St. Mary Church - Copies of certificates to school office)
Baptism _____
First Communion _____
Confirmation _____

Education History

Was student enrolled in Preschool? (applies to Kindergarten only) Yes No
If yes, name of Preschool: _____ Years attended _____
If transferring from another school, name of school: _____
School Address: _____ Phone: _____
Current grade level: _____
Was student ever dismissed from school for academic or disciplinary reasons? Yes No
If yes, please explain: _____
Does student receive any special service(s)? (i.e. IEP, 504, Title 1 Reading, etc.) Yes No

PRESCHOOL- Registration fees pay for classroom materials and reserve your child's space in the class.

Registration Fee: 2-Day \$30.00 3-Day \$40.00 5-Day \$50.00

GRADE K-8- Registration fees help to offset costs of field trips and religious education materials.

Registration Fee: \$100.00

Every family has the opportunity to apply for a scholarship and/or financial aid for their student(s) at St. Mary.

Please ✓ which scholarship or financial aid you are applying for by placing a checkmark.

- ☐ Ed Choice Traditional (school district)
- ☐ Ed Choice Expansion (income)
- ☐ JPSN (Jon Peterson Special Needs)
- ☐ Diocese of Toledo SGO (complete additional online form)
- ☐ Financial Aid (complete additional form)

Please ✓ your payment option by placing a checkmark.

✓	Payment Type	Total Tuition	-	Optional \$ Down	=	Monthly Payment	Payment Guidelines and Due Date
	Full Payment						Payment is due by August 15th and is last years rate.
	10 Monthly Payments						Payments to be made by the 15th of each month starting August 15th - May 15th.
	12 Automatic Deduction Monthly Payments						Schedule payments for the 15th of each month starting August 15th - July 15th.
	Semi Annual Payment						2 equal payments due. August 15th and January 15th.
	Monthly Combination						\$ Down is due by August 15th. Balance divided by 10 or 12 monthly payments.
	Ed Choice Voucher						Parent is responsible for obtaining funds and signing state checks to the school.
	Jon Peterson Scholarship Voucher						Parent is responsible for obtaining funds and signing state checks to the school.

☒ I attest I read, understand and will fully comply with the rules as stated in the Tuition Policy.

Items needed at time of Registration

- ☐ Birth Certificate ☐ Social Security Card ☐ Up-to-date Immunization Record ☐ Previous School Records
- ☐ IEP (if applicable) ☐ ETR (if applicable)

Parent/Guardian Signature

Date

Office use only			
Date Received _____	Reg. Fee Paid _____	Scholarship Approved _____	Agreement Sent _____
Principal Approval _____		Date _____	