

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 AM

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)

(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, 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 \$25.00 3-Day \$35.00 5-Day \$45.00

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

Registration Fee: \$65.00

**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)
- NOSF (Northwest Ohio Scholarship Fund)
- 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.
	Northwest Ohio Scholarship Fund						Parent is responsible for obtaining funds.

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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