



ST. MARY'S CATHOLIC SCHOOL
REGISTRATION

MOTHER'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

FATHER'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

(if other than mother's)

CHILDREN:

GRADE:

_____	_____
_____	_____
_____	_____
_____	_____

REGISTRATION/BOOK/LAB FEES:

\$200.00 X _____ CHILD(REN) = \$ _____

PAID: CASH _____ ~OR~ CHECK# _____

DATE: _____ OFFICE STAFF INITIALS: _____