



**Saint Mary's School**  
401 East 7<sup>th</sup> Street  
Rome, GA 30161  
(706) 234-4953  
www.smsrome.org

## Application for Admission

\_\_\_\_\_ Paid \_\_\_\_\_ Letter Sent

Applying for Grade \_\_\_\_\_ Year 20\_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
First Middle Last Name Called

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security # \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Religion \_\_\_\_\_

School Currently Attending \_\_\_\_\_

Address of Current School \_\_\_\_\_

School District in which you currently reside \_\_\_\_\_

Current Church Registration \_\_\_\_\_

Date/City/Church of Baptism (*for Catholic applicants*) \_\_\_\_\_

Date of First Communion (*for Catholic applicants*) \_\_\_\_\_

Father's Name (First, Middle, Last) \_\_\_\_\_

Father's Religion \_\_\_\_\_

Father's Address (Street, City, State, Zip Code) \_\_\_\_\_

Father's Home/Work Number \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Father's Employer Name/Address \_\_\_\_\_

Mother's Name (First, Middle, Last) \_\_\_\_\_

Mother's Religion \_\_\_\_\_

Mother's Address (Street, City, State, Zip Code) \_\_\_\_\_

Mother's Home/Work Number \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Mother's Employer Name/Address \_\_\_\_\_

Mother's E-mail \_\_\_\_\_

Father's E-mail \_\_\_\_\_

Student lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian  
Family Conditions: \_\_\_\_\_ Mother Deceased \_\_\_\_\_ Father Deceased \_\_\_\_\_ Parents Divorced \_\_\_\_\_ Parents Separated  
Ethnic Background: \_\_\_\_\_ Caucasian \_\_\_\_\_ Asian American \_\_\_\_\_ Native American \_\_\_\_\_ African American \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Bi-Racial \_\_\_\_\_ Other (please specify)

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_



# Saint Mary's Catholic School Parent Questionnaire

Child's Name \_\_\_\_\_

*Please fill out the following information about your child so that we may better meet his/her individual needs at Saint Mary's School.*

1. Describe your child's personality.

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2. What is the most important thing you want your child to learn at Saint Mary's School?

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3. What do you expect from your child's teachers during his/her years at Saint Mary's?

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4. Are there any physical, emotional or medical problems that might limit your child's ability to learn or to participate in athletic programs? If so, please describe.

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5. Are there any family concerns that you feel your child's teachers need to be aware of in order to aid in their understanding of him/her?

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6. Has your child ever had any disciplinary problems at any other school(s) he/she attended? If so, please list briefly.

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7. Will you be willing to participate in your child's education at Saint Mary's? Please state how, as a parent, you wish to be involved.

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*Thank you for taking the time to give us this very important information about your child so that we may better serve his/her needs. We want each child's experience at Saint Mary's to meet the expectations of both the parents and the child. As your child grows, please keep us informed of any special circumstances that might aid our understanding of his/her needs.*



## Records Release Request

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Former School \_\_\_\_\_ Grade Level \_\_\_\_\_

I hereby authorize Saint Mary's School to \_\_\_\_\_ obtain, or \_\_\_\_\_ release pertinent information concerning the above named student. These records will be ethically used in planning the total educational program for this child. I have the right to inspect all records on my child.

### AGENCY RELEASING INFORMATION

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

### AGENCY REQUESTING INFORMATION

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

### TYPE OF MATERIAL

\_\_\_\_\_ Immunization      \_\_\_\_\_ Cumulative Record      \_\_\_\_\_ Student Activities  
\_\_\_\_\_ Standardized Test      \_\_\_\_\_ Confidential File      \_\_\_\_\_ Birth Certificate  
\_\_\_\_\_ Baptismal Certificate      \_\_\_\_\_ Eye, Ear, Dental      \_\_\_\_\_ Social Security #  
\_\_\_\_\_ Other \_\_\_\_\_

Please release all standard educational records as well as other records requested to the child's school.

Mail \_\_\_\_\_ to the address listed at the bottom of this page.

FAX \_\_\_\_\_ to 1-706-234-3030

I, \_\_\_\_\_, do hereby give my permission to have the above records released to the agency designated.

\_\_\_\_\_  
Date

Principal: \_\_\_\_\_

Date: \_\_\_\_\_