

ENROLLMENT APPLICATION

(Please print in ink)

Enrollment Date: _____

St. Mary's Catholic School

502 East Warner

Guthrie, Oklahoma

(405)282-2071

Ms. Sheila Whalen-Guthrie, Principal

Rev. Denis Hanrahan, Pastor

School Year: 2007-2008

Family Name

This family is a member of _____ church

Last School attended: _____

Parental status: Married Separated Divorced Unmarried Widowed

Students live with: Both Parents Mother Father Grandparent(s)

Address _____ City _____ State _____ Zip _____

Home Phone _____ Home E-mail _____

Check this box if phone number is unlisted : _____

Family Information**Father:**

Name: _____

Employer: _____

Business Phone: _____

Cell Phone: _____

Guardian:

Name: _____

Employer: _____

Business Phone: _____

Cell Phone: _____

Mother:

Name: _____

Employer: _____

Business Phone: _____

Cell Phone: _____

Emergency Contact Information:

Name: _____

Phone: _____

Name: _____

Phone: _____

List those persons authorized to pick up my children:

Name: _____ Home Phone: _____ Other Phone: _____

Name: _____ Home Phone: _____ Other Phone: _____

Name: _____ Home Phone: _____ Other Phone: _____

List those persons NOT authorized to pick up my children:

Name: _____ Name: _____

Extended DayPlease enroll my children in **before** school care **Yes** **No**Please enroll my children in **after** school care **Yes** **No**

MEDIA RELEASE: Your signature gives permission for the Archdiocese of Oklahoma City or Holy Family Apostolate to use photos and/or recordings of your child. I hereby consent that the photographs, videotapes, and/or motion picture film in which my child appears and/or audio recordings made of my child's voice may be used by the Archdiocese of Oklahoma City or Holy Family Apostolate in whatever way they desire, including television; I consent that any such photographs, films and recordings, and the plates and/or tapes from which they are made shall be their property. They shall have the right to duplicate, reproduce and make other such use of said materials as they may desire without any claim on my part.

Parent / Legal Guardian Signature: _____ **Date:** _____**St. Mary Montessori Preschool**

First Name	Middle Name	Last Name	Birthdate	Age	Sex

Race: Native American Asian Black Hispanic
Pacific Islander White

Medications this student takes: _____

Additional Health Information: (allergies, asthma, heart condition, diabetes, etc.) _____

First Name	Middle Name	Last Name	Birthdate	Age	Sex

Race: Native American Asian Black Hispanic
Pacific Islander White

Medications this student takes: _____

Additional Health Information: (allergies, asthma, heart condition, diabetes, etc.) _____

Kindergarten – Eighth Grade Student Information:

First Name	Middle Name	Last Name	Birthdate	Grade	Sex

Race: **Native American** **Asian** **Black** **Hispanic** **Pacific Islander** **White**

Medications this student takes: _____

Additional Health Information: (allergies, asthma, heart condition, diabetes, etc.) _____

First Name	Middle Name	Last Name	Birthdate	Grade	Sex

Race: **Native American** **Asian** **Black** **Hispanic** **Pacific Islander** **White**

Medications this student takes: _____

Additional Health Information: (allergies, asthma, heart condition, diabetes, etc.) _____

First Name	Middle Name	Last Name	Birthdate	Grade	Sex

Race: **Native American** **Asian** **Black** **Hispanic** **Pacific Islander** **White**

Medications this student takes: _____

Additional Health Information: (allergies, asthma, heart condition, diabetes, etc.) _____

First Name	Middle Name	Last Name	Birthdate	Grade	Sex

Race: **Native American** **Asian** **Black** **Hispanic** **Pacific Islander** **White**

Medications this student takes: _____

Additional Health Information: (allergies, asthma, heart condition, diabetes, etc.) _____

First Name	Middle Name	Last Name	Birthdate	Grade	Sex

Race: **Native American** **Asian** **Black** **Hispanic** **Pacific Islander** **White**

Medications this student takes: _____

Additional Health Information: (allergies, asthma, heart condition, diabetes, etc.) _____

