



ST. MARY'S CATHOLIC SCHOOL

611 S.W "A" AVENUE LAWTON, OKLAHOMA 73501

PHONE: (580)355-5288 FAX: (580)355-4336

WEBSITE: www.stmaryslawtonok.com EMAIL: saintmarysknights@juno.com

_____ School Year: _____
 Student's Name (first and last)

_____ City _____ State _____ Zip _____
 Mailing Address

_____ email address
 Home Telephone Number

_____ Name of Lawton Public School in your neighborhood:

_____ Last School Attended/Withdrawal Date:

_____ Address of Last School Attended:

_____ Phone & Fax Number of Last School Attended

STUDENT INFORMATION

Birthdate	SSN	M/F	Grade	Name of Church Attending
Birth City & State	Baptismal Date	Reconciliation Date		Communion Date

Student's Religion: Catholic ___ Orthodox ___ Non-Catholic Christian ___ Other Faith ___

Military Dependent Yes ___ No ___

FAMILY INFORMATION

List all other pre-school or school age children in the family:

Last Name	First Name	Age/Grade	School

Child (ren) live with ___ Both Parents ___ Father ___ Mother ___ Other (indicate below)

Do both parents have legal access? ___ Yes ___ No

CUSTODIAL PARENT IS REQUIRED TO PROVIDE THE SCHOOL A COPY OF ANY CUSTODY AND VISITATION DECREES



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___ Father Deceased ___ Mother Deceased ___ Guardians ___ Grandparents ___ Ward of the Court

FATHER: ___ Married ___ Divorced ___ Remarried ___ Single

First Name Middle Last Name SSN

Employer Occupation Work Phone/Cell Phone email

Father Religion: ___ Catholic ___ Orthodox ___ Non-Catholic Christian ___ Other Faith ___

Name of Church attending _____

(If Catholic you must be registered in a parish: ___ Blessed Sacrament ___ Holy Family ___ Frontier Chapel, Fort Sill ___ Grierson Hill Chapel, Fort Sill

MOTHER: ___ Married ___ Divorced ___ Remarried ___ Single

First Name Middle Last Name SSN

Employer Occupation Work Phone/Cell Phone email

Mother Religion: ___ Catholic ___ Orthodox ___ Non-Catholic Christian ___ Other Faith ___

Name of Church attending _____

(If Catholic you must be registered in a parish: ___ Blessed Sacrament ___ Holy Family ___ Frontier Chapel, Fort Sill ___ Grierson Hill Chapel, Fort Sill

ETHNIC BACKGROUND

**** (Please choose one) ****

___ Asian ___ Pacific Islander ___ Black/African American ___ Hispanic/Latino

___ Native American ___ White/Caucasian ___ Multiracial

St. Mary's Catholic School does not discriminate in admissions, administration, or instruction of children based on race, color, ethnic origin, religion, or sex. St. Mary's is required to provide the Oklahoma State Department of Education annual demographic information solely for statistical purposes.



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APPLICATION AGREEMENT

In applying for admission to St. Mary's Catholic School I have fully and truthfully answered all questions regarding my child (ren). I further understand that the school's acceptance of this application and supporting information does not constitute enrollment. I will be notified by the school administration of their admissions decision.

By signing below I attest I have read the Student/Parent HandBook. I accept and understand the responsibility of supporting the school policies and regulations.

I further agree and honor my financial obligations to the school in a timely manner according to school policies and procedures. Unless indicated below, I certify that I am the person financially responsible for this child's education.

Parent Signature

Date

Financial Responsibility (if other than the custodial parent):

Name

Relationship to the student

Street Address City State Zip

Home Phone Work Phone/Cell Phone

Must be enrolled in FACTS Management Tuition.

For Office use only:

Application Date: _____
Birth Certificate: _____ Baptism Certificate: _____
Office Manager Initials _____ Date _____
Registration Fee: \$ _____ Date pd _____ Academic Fee: \$ _____ Date pd _____
Tuition Contract:
Amount: _____ Date Submitted: _____
School Records: requested _____ received _____
Office Manager Initials _____ Date _____



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School Year 2010 - 2011

The Oklahoma Department of Human Services requires the school to have on file any allergies affecting your child. Human Services also requires that the school have a doctor's note on file. Please fill out this form and return to the school along with the doctor's note.

Student Name (PLEASE PRINT)

Age/Grade:

(One form per student, if student does not have allergies please write **NONE** and return form)

Allergies _____

Parental Request for Administration of Medication

Weight: _____ Physician: _____

Address: _____ Phone: _____

Name of Medication: _____ Reason: _____

Dates to be administered: _____

Dosage: _____ Time: _____

I hereby request that the above medication be administered at the times indicated, in the specified amounts, to my child

Parent/Guardian Signature

Date



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Student Name _____

Grade _____

New Student Application Questionnaire

This questionnaire will help us better understand your child and ensure the best educational environment for him/her. St. Mary's School cannot guarantee that we can meet all special needs such as behavioral and/or academic. Please answer questions for each child applying for admission.

1. Please list all previous evaluations or testing for regular school placement, gifted and talented, home-schooling, special services, Individualized Education Plans (IEP), tutoring, etc. This is to include any educational, psycho-educational, and/or psychological testing. A copy of any such assessments should be provided to St. Mary's Catholic School.
2. Please list any medical, developmental, and/or psychological problems and treatment (including medications) your child has experienced. Please include diagnosis of ADD/ADHD, Tourette Syndrome, and physical or mental disabilities, etc. Please explain whether these have affected your child's educational progress and in what ways.
3. Please list and explain any adjustment and/or behavior problems your child has demonstrated. Please also explain recommendations and help received regarding these issues.
4. Please list and describe your child's strengths and any other comments you wish to make so that we may better understand your child.
5. Please list any food allergies or any other physical limitations that we should be aware of that affect your child.



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STUDENT EMERGENCY CONTACT CARD

Student's

Name(s): _____ Grade: _____ Birthdate: _____

_____ Grade: _____ Birthdate: _____

_____ Grade: _____ Birthdate: _____

_____ Grade: _____ Birthdate: _____

Parents Names and Address:

Home phone: _____ Work phone: _____

Mother

Father

Cell phone numbers: _____

Mother

Father

Other (specify name)

Do you give permission for your name and phone number(s) to be released to other families in the school: YES _____ NO _____

Emergency Contact(s) other than parents:

(In an emergency who can we contact if we can't get a hold of you, this doesn't mean that they are authorized to pick up your children).

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____



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I, _____, hereby give my consent for
emergency treatment for _____

Name of student(s)

_____ at _____ Hospital.

Family Doctor _____ Phone# _____

List any health concerns your child may have: _____

Additional authorized persons **who may pick student up from school:**

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature: _____ **Date:** _____



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Before School Care 7:00AM - 8:15AM
After School Care 3:30PM - 4:30PM

Fees: Hourly Rate is \$4.00
Minimum charge for anytime a student is in Before and/or After
School Care is \$2.00.

******All time is rounded to the next quarter of an hour******

Overtime Fees: A fee of .25 cents per minute will be charged when a child is not picked up by 4:30 p.m.

Attendance logs will be kept on each child and you will be charged in accordance with these logs. Payments are to be delivered to the office. * Please include your child's name with payment. For more information, call 355-5288.

Please Print

Student(s) Name _____

Emergency Contacts:

1) Name _____
Address _____
Phone Number _____

2) Name _____
Address _____
Phone Number _____

Parent/Guardian Signature

*Late Fees: Bills are sent home in VIP folders every 2 weeks. Payment is due by the following Monday. A late fee of \$5.00 will be applied if paid after the due date.

(**Example** – Bill goes home on Friday, September 3, bill is due in Monday the 14.) If paid after the 14th a \$5 late fee will be assessed on the next bill.



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When the bell rings for afternoon dismissal at 3:25 p.m., students from fourth through eighth grade may be released on their own volition with permission from a parent or guardian.

Older students may pick up younger siblings by filling out the information below. Any student not picked up within five minutes of dismissal will go to after school care.

Those parents/guardians who wish for their children to be dismissed on their own volition shall acknowledge that St. Mary's Catholic School cannot guarantee safe arrival to any destination beyond that of the dismissal area and are hereby released of liability regarding the student(s) listed below.

Please complete and sign this form if you wish for your child to be released on his or her own volition (without parent or guardian to physically collect the child from the classroom).

Student Name PLEASE PRINT

Younger Sibling PLEASE PRINT

Younger Sibling PLEASE PRINT

Younger Sibling PLEASE PRINT

Parent/Guardian Signature

Date