

**St. Mary School 237 Fourth Street, Elyria, OH 44035 (440) 322-2808 Fax: (440) 322-1423**  
**2020-2021 STUDENT APPLICATION**

GRADE LEVEL IN 2020-2021 (Please Circle Grade)    P    K    1    2    3    4    5    6    7    8

**APPLICANT INFORMATION TO BE COMPLETED BY PARENT OR GUARDIAN**

Date of Application \_\_\_\_\_

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

Gender \_\_\_\_\_ Male \_\_\_\_\_ Female Phone Number \_\_\_\_\_

Primary Address \_\_\_\_\_  
Street City State Zip Code

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City State Zip Code

Religion \_\_\_\_\_ Practicing? \_\_\_\_\_ Place of Worship \_\_\_\_\_

School Applicant Now Attends \_\_\_\_\_ Current Grade \_\_\_\_\_

With whom does the applicant live? \_\_\_\_\_

If parents are separated or divorced, who has legal custody of applicant: \_\_\_\_\_  
If different, list address and phone number:

Street City State Zip Code Phone Number

Who should receive all school correspondence?

\_\_\_\_\_ Parent/Guardians with whom student lives  
\_\_\_\_\_ Other Please list \_\_\_\_\_

**Father's Name in Full**

Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail \_\_\_\_\_

Status (please circle): Married Divorced Deceased Single

Place of Birth (city & state) \_\_\_\_\_

Religion \_\_\_\_\_ U.S. Citizen: Yes No

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Work E-mail \_\_\_\_\_

Spouse (if not mother) \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

Spouse's Work Phone \_\_\_\_\_

Spouse's E-mail \_\_\_\_\_

**Mother's Name in Full**

Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail \_\_\_\_\_

Status (please circle): Married Divorced Deceased Single

Place of Birth (city & state) \_\_\_\_\_

Religion \_\_\_\_\_ U.S. Citizen : Yes No

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Work E-mail \_\_\_\_\_

Spouse (if not father) \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

Spouse's Work Phone \_\_\_\_\_

Spouse's E-mail \_\_\_\_\_

**CONTINUED ON REVERSE SIDE**

Is there any additional information you would like to share with us about your child:

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