

St. Mary School, Bethel, CT Current Student Registration

For Office Use Only: Date: Reg. Fee: Cash/Check #: Tuition:

STUDENT INFORMATION

Name:				Grade next year:		
	(LAST)	(FIRST)		•	Grade or Pre-K program (4 or 5 day)	
Name:				_ Grade next year:		
	(LAST)	(FIRST)			Grade or Pre-K program (4 or 5 day)	
Name:	(LAST)	(FIRST)		_ Grade next year:	Grade or Pre-K program (4 or 5 day)	
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name:	(LAST)	(FIRST)		_ Grade next year:	Grade or Pre-K program (4 or 5 day)	
FAMILY						
Father/G	uardian		Mother/Gu	Mother/Guardian		
Name:			Name:			
	(LAST)	(FIRST)		(LAST)	(FIRST)	
Address:			Address: _			
	(STREET)	(CITY)		(STREET)	(CITY)	
Phone: _			Phone:			
Email:			Email:	Email:		
Occupation:			Occupation	Occupation:		
Employer:						
Religion:						
Marital Status:						
	•	-		-	n-custodial parent? Yes No	
MEDIA R I grant pe and webs	ELEASE ermission to use my site:	·			t for school publication, publicity,	
	RATION FEE or to March 1 / \$20	0 after March 1: payabl	e by cash or che	ck to <i>St. Mary Scho</i>	ol	
FACTS T	UITION PAYMENT					
	dicate intended pay note: FACTS charge	yment plan: $\ \ \Box$ 1 paymes an administrative fee de			nents	
SIGNATU	JRES					
I hereby of procedure	certify that the aboves of the school har	re information is accurate ndbook (which can be fou	and that my child nd online at <u>www</u>	d(ren) and I agree to v.stmarybethelct.org	abide by the policies and) including the tuition policy.	
Parent / 0	Guardian		Date			
Parent / (Guardian		Date			