



St. Mary School Bethel, CT

New Student Registration

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

GRADE (please check):

K 1st 2nd 3rd 4th 5th 6th 7th 8th

PRE-K PROGRAM (please check):

PK 3/ Half Day PK3/ 4 Day PK3/ 5 Day PK4/ 4 Day PK4/ 5 Day

STUDENT INFORMATION:

Name: _____ Nickname: _____
(LAST) (FIRST) (MIDDLE)

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Phone: _____ Birth date: ____/____/____ Gender: M F

Race / Ethnicity: Asian or Pacific Islander Black or African American Hispanic or Latino
 Native American or Alaskan Native White Other _____

Religion: Catholic Non-Catholic _____

For Roman Catholics only:

Please check if your child has received the sacrament of: Baptism Reconciliation Communion
(Please include copies of sacramental certificates)

EDUCATIONAL HISTORY:

(SCHOOL) (CITY) (STATE) (GRADE)

(SCHOOL) (CITY) (STATE) (GRADE)

FAMILY

Father/Guardian

Name: _____
(LAST) (FIRST)

Address: _____
(STREET) (CITY)

Phone: _____

Email: _____

Occupation: _____

Employer: _____

Religion: _____

Marital Status: _____

Mother/Guardian

Name: _____
(LAST) (FIRST)

Address: _____
(STREET) (CITY)

Phone: _____

Email: _____

Occupation: _____

Employer: _____

Religion: _____

Marital Status: _____

If divorced/separated is there joint custody? Yes No If No, are visitation rights permitted to non-custodial parent? Yes No

Student lives with: Mother Father Grandparent Guardian Other _____

SIBLINGS

(NAME)	(DATE OF BIRTH)	(AGE)	(SCHOOL)
(NAME)	(DATE OF BIRTH)	(AGE)	(SCHOOL)

OTHER INFORMATION

Does your child receive any special services? Yes No *If yes, please attach all relevant information*

Does your child have an IEP plan? Yes No *If yes, please attach all relevant information*

Do you have any concerns regarding your child’s academic, social or emotional skills?

What language is spoken at home? _____

Does the student have any allergies or severe health issues? Yes No *If yes, please explain:*

Why are you changing schools? (applicants for Gr 1 - 8 only)

EMERGENCY CONTACT (Non-parent or guardian within 30 minutes of school)

(NAME)	(DAYTIME PHONE)	(RELATIONSHIP TO STUDENT)
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MEDIA RELEASE

I grant permission to use my child’s image and/or name in print, electronic, or digital format for school publication, publicity, and website: Yes No

REGISTRATION FEE

\$200 New Family Registration Fee (non-refundable) payable by cash or check to: *St. Mary School*

FACTS TUITION PAYMENT PLAN

Registration is not complete until a tuition payment plan is selected at: www.factsmgt.com/signin

Please indicate intended payment plan: 1 payment 4 payments 10 payments

(Please note: FACTS charges an administrative fee depending on payment plan)

SIGNATURES

I hereby certify that the above information is accurate and that my child and I agree to abide by the policies and procedures of the school handbook (which can be found online at www.stmarybethelct.org) including the tuition policy.

Parent / Guardian _____ Date _____

Parent / Guardian _____ Date _____