

SPECIAL INFORMATION

Any medical conditions/physical limitations the school should be aware of: _____

Is your child taking any medication? If so, what kind? _____

Please check if your child has been referred for testing or identified for any of the following:

_____ Learning Disabilities _____ ADHD/ADD _____ Speech/Language

Please check if your student has either of the following:

_____ IEP _____ a 504 Plan

Please describe to what extent your family is involved in the work of your church:

Why did you choose to apply to St. Mary School? Where did you hear about St. Mary School?

If accepted, what will your involvement be in time, talent and treasure? (ie. Volunteer interests)

If you are currently an active and supporting member of St. Mary Parish you may be entitled to receive the parishioner tuition rate. You must be a registered member of the parish with identifiable contributions and active participation to be eligible for this rate.

Note: Completion of this application does not guarantee your child's admission to St. Mary School.

A \$100 non-refundable registration fee and a \$50 processing fee (**per child**) must be enclosed with this application for it to be included for consideration in our admissions process. Applications will be processed beginning in **JANUARY** according to our admissions policy.

I have enclosed all of the attachments listed above along with the \$100 non-refundable registration fee. The information provided above is accurate to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE

DATE