



**AGNUS DEI
ACADEMY**
OF SAINT MARY
CATHOLIC SCHOOL

Agnus Dei Academy
of
Saint Mary Catholic School

Building Bright Futures

40 Spring Mount Road
Schwenksville, PA 19473

Phone: 610-287-7757 Fax: 610-287-2562

www.smsk-8.org

Student Information

Name: _____ Circle one: Male Female
 Last First Middle

Date of Birth: _____ Place of Birth: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ P u b l i c _____ Caucasian _____ African American

School District: _____ P r e v i o u s _____ Hispanic _____ Asian or Pacific Islander

School: _____ American Indian _____ Other (_____)

Agnus Dei Academy Program Selection

4 YEAR OLD PROGRAMS

- Monday—Friday 9:00am to 11:30am
- Monday—Friday 9:00am to 3:00pm
- Monday, Wednesday, Friday 9:00am to 11:30am
- Monday, Wednesday, Friday 9:00am to 3:00pm

3 YEAR OLD PROGRAMS

- Tuesday & Thursday 9:00am to 11:30am
- Tuesday & Thursday 9:00am to 3:00pm
- Tuesday, Wednesday, Thursday 9:00am to 11:30
- Tuesday, Wednesday, Thursday 9:00am to 3:00pm
- Monday—Friday 9:00am to 11:30
- Monday—Friday 9:00am to 3:00pm

PLEASE NOTE: Students **MUST** be 4 years old by September 1st.

PLEASE NOTE: Students **MUST** be 3 years old by September 1st.

Religious Information

Religion: _____ Parish Registered In: _____

Baptism

Church: _____ Date: _____

Address: _____

Baptized: _____ Roman Catholic _____ Other (*What religion?*) _____

Agnus Dei Academy Registration Fee: \$100 per student

Office use: Date Paid: _____ Amount: _____ Check # _____ Cash Receipt Given _____

Parent Information

MOTHER: Name: _____
Last First Maiden
Address: _____ City: _____ State: _____ Zip: _____
Home Phone # _____ Cell Phone # _____ E-mail: _____
Religion: _____ Place of Birth: _____ Ethnicity: _____
Marital Status— Single Married Separated Divorced Remarried Spouse Deceased
Employer: _____ Occupation: _____

FATHER: Name: _____
Last First Middle
Address: _____ City: _____ State: _____ Zip: _____
Home Phone # _____ Cell Phone # _____ E-mail: _____
Religion: _____ Place of Birth: _____ Ethnicity: _____
Marital Status— Single Married Separated Divorced Remarried Spouse Deceased
Employer: _____ Occupation: _____

Living Situation

Student Primarily Lives With: _____ Father _____ Mother _____ Other
(Check All That Apply)
_____ Stepfather _____ Stepmother
_____ Grandparents _____ Guardian

Guardian Information

GUARDIAN: Name: _____
Last First Middle
Address: _____ City: _____ State: _____ Zip: _____
Home Phone # _____ Cell Phone # _____ E-mail: _____
Religion: _____ Place of Birth: _____ Ethnicity: _____
Relationship to the Student: _____
Employer: _____ Occupation: _____