



# SAINT MARY CATHOLIC SCHOOL

Learning Today, Leading Tomorrow.

40 SPRING MOUNT ROAD • SCHWENKSVILLE, PA 19473  
P | 610.287.7757 F | 610.287.2562 | www.smsk-8.org

## STUDENT INFORMATION

Name: \_\_\_\_\_ Check one: Male Female  
LAST FIRST MIDDLE

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Public School District: \_\_\_\_\_

Start Date: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Caucasian \_\_\_\_\_ African American  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ American Indian \_\_\_\_\_ Other ( \_\_\_\_\_ )

## GRADE SELECTION

Kindergarten: AM Only Full Day Grade: 1st 2nd 3rd 4th 5th 6th 7th 8th

## RELIGIOUS INFORMATION

Religion: \_\_\_\_\_ Parish Registered In: \_\_\_\_\_

### Baptism:

Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Baptized: \_\_\_\_\_ Roman Catholic: \_\_\_\_\_ Other (*What religion?*) \_\_\_\_\_

### First Reconciliation:

Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

### First Eucharist:

Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

### Confirmation:

Church: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## PARENT INFORMATION

**MOTHER, Name:** \_\_\_\_\_  
                                                    LAST                                                    FIRST                                                    MIDDLE                                                    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: \_\_\_\_\_