

St. Mary Catholic School
503 St. John
Garden City, KS 67846
(620) 276-2241

ADMISSION APPLICATION

PARENT NAME(s) _____

MAILING ADDRESS _____

CELL # 1 _____ CELL #2 _____

FATHER'S EMAIL _____

MOTHER'S EMAIL _____

ARE YOU REGISTERED AT ST. MARY CHURCH? _____

What Mass do you attend on the weekends? _____

ARE YOU REGISTERED AT ST. DOMINIC CHURCH? _____

If neither what church do you attend? _____

CHILD'S NAME _____

DATE OF BIRTH _____

IS YOUR CHILD BAPTIZED CATHOLIC? Yes ___ No ___

(If yes, their baptism certificate must be sent in with this application)

HAS YOUR CHILD MADE THEIR FIRST HOLY COMMUNION? Yes ___ No ___

(For 3rd-6th grade students)

WHAT SCHOOL YEAR ARE YOU ENROLLING FOR? _____

GRADE _____

LAST SCHOOL YOUR CHILD ATTENDED _____

Does your child receive Speech services Yes ___ No ___

Does your child have an IEP Yes ___ No ___

Does your child receive any specials services from USD Yes ___ No ___

If so which ones _____

Does your child have any food allergies? _____

What treatments are in place to assist? _____

If child is allergic/intolerance to any food or milk-a doctor note must be provided at time of enrollment.

Would you be interested in our after school program? ___yes ___no

PARENT SIGNATURE _____ DATE _____

***This does not guarantee a spot, but please send back as soon as possible so we can get you on the waiting list. You will be notified as soon as a decision has been made. Thank you.**