



Application

107 East Pike Street, Clarksburg, WV 26301 • 304-622-9831 • www.stmaryswv.org

Grade applying to: _____

INSTRUCTIONS: One form *PER* child. Please complete all questions on this form.
Application must be accompanied by a \$30.00 non-refundable fee.

Student's Full Name _____
(Last) (First) (Middle)

Birthdate: ____/____/____ Age: _____ Social Sec. # ____-____-____

Mail should be addressed to:

Parent/Guardian Names: _____

Address: _____
(Street) (City & State) (Zip)

Home Telephone: _____ Email Address: _____

Student Place of Birth: _____

Present School: _____
(or public school student would attend)

Student's Health Problems: _____

Medications: _____
(name of each medicine prescribed and reason taken)

Which category most closely identifies your child's basic racial origin:

_____ White _____ Black _____ Hispanic _____ Native American _____ Asian

Please indicate any sacraments this child has received:

| | Church | City/State | Date |
|-----------------------|----------|------------|----------|
| Baptism | _____ | _____ | _____ |
| First Reconciliation | _____ | _____ | _____ |
| First Communion | _____ | _____ | _____ |
| Religious Affiliation | _____ | _____ | _____ |
| | (Father) | | (Mother) |

Name of Parish/Church to which you belong: _____

Student resides with: Both Parents Mother Father Shared custody
 Other - *list relationship*: _____

Marital status: Single Married Separated Divorced Living together

Father's Name: _____
(Last) (First) (Middle)

Social Security #: _____/_____/_____ Occupation: _____

Place of Employment: _____

Work Number: _____ Cell Phone: _____

Mother's Name: _____
(Last) (First) (Middle) (Maiden)

Social Security #: _____/_____/_____ Occupation: _____

Place of Employment: _____

Work Number: _____ Cell Phone: _____

Was there any family currently in our school system that influenced your decision to enroll your child in St. Mary's Grade School? If so, whom? _____

Name, address and telephone number of person responsible for paying tuition, ***if not parent:***

(Signature of person filling out application) (Date)

OFFICE USE ONLY:

Application Fee Paid: (CASH) _____ (CHECK #) _____ (DATE PAID) _____