



St. Mary School

SWORMVILLE

6919 Transit Road ♦ East Amherst, NY 14051

Phone 716.689.8424 ♦ www.stmaryschoolswormville.org ♦ Fax 716.689.0004

Enrollment Application 2020 - 2021

Please Complete BOTH Sides

CANDIDATE INFORMATION

Date of Application _____

Student's Full Name: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____ Primary Phone: _____

Public School District Where You Reside: _____

For Admission in (circle): Mont3-am Mont4-am Mont4-Full-day *Mont5-Kindergarten *K 1 2 3 4 5 6 7 8
*Must be school age (5) by December 1st of 2019.

Date of Birth: _____ Born in U.S.? Yes No...Date of Entry: _____

Date and Church of:

Baptism: _____ First Penance: _____ First Eucharist: _____

Current Parish: _____ Denomination: _____

You will qualify for the in-parish tuition rate if your Catholic home parish has no school and you are an active member at that parish or if you are an active member of St. Mary's Parish

I Qualify for the In-Parish Rate I Will Pay the Out-of-Parish Rate

HOUSEHOLD INFORMATION

Father's/Stepfather's/Guardian's Full Name: (Circle)

Mother's/Stepmother's/Guardian's Full Name: (Circle)

Address (if different from student):

Address (if different from student):

Occupation/Professional Background/Special Interests:

Occupation/Professional Background/Special Interests:

Work Phone: Cell:

Work Phone: Cell:

E-Mail:

E-Mail:

Student Lives With (circle all that apply): Father Mother Stepfather Stepmother Guardians

Sibling Names and Ages: _____

Will siblings be applying to Saint Mary School also? Yes No

EDUCATIONAL HISTORY

Current School: _____

Address: _____ Grade Level: _____

Years Attended: _____

Previous Schools:

Name: _____ Dates: _____

Name: _____ Dates: _____

Is it your intention to continue Catholic education throughout the elementary middle and high school years? Yes No

ETHNIC AND OTHER BACKGROUND INFORMATION

Ethnicity (For Diocesan Census): Multiracial (check all that apply) Caucasian
 Hispanic/Latino African American
 Native American Asian
 Pacific Islander Other _____

Please detail any physical conditions or restrictions that could affect your child’s participation in school activities, or of which we should otherwise be aware. _____

Has your child ever qualified for special educational services, had an IEP/IESP/504, or had psychological or psychiatric counseling of which we should be aware? _____

I have read the St. Mary School Parent/Student Handbook, found on the St. Mary’s website: www.stmaryschoolswormville.org . In accepting admission for my child, I agree to the terms and conditions set forth therein.

I give permission for my child’s picture to be used in SMS promotional materials and news updates: Yes No
I give permission for my child’s name to be used in SMS promotional materials and news updates: Yes No

Parent/Guardian Signature Date Parent/Guardian Signature Date

BEGINNING APRIL 1st 2020, PLEASE LOG INTO THE *FACTS* TUITION MANAGEMENT SYSTEM VIA OUR WEBSITE, TO REGISTER YOUR TUITION PAYMENT SCHEDULE.

I am choosing to pay tuition: Annually Semi-Annually Quarterly Monthly

TO COMPLETE YOUR APPLICATION, PLEASE RETURN THIS FORM WITH A NON-REFUNDABLE REGISTRATION FEE OF \$100.00 PER STUDENT, PROOF OF IMMUNIZATIONS AND BIRTH CERTIFICATE COPY TO ST. MARY SCHOOL

If Saint Mary School is unable to hold a position due to unforeseen circumstances, the enrollment fee will be refunded.

SMS USE ONLY
Date Received: Enrollment Fee: _____ **Date Received:** Immunizations: _____ **Date Received:** Physical Exam: _____
Date Received: Record Release: _____ **Date Received:** Birth Certificate: _____ **Date Received:** Baptismal Record: _____