

**St. Mary Catholic School**  
**2600 Bob Hall Road**  
**Orange, TX 77630**  
**(409) 883-8913**

**New Student Information**

Entry Date (MM/DD/YYYY) \_\_\_\_\_ Grade Entering \_\_\_\_\_ Pre-K 3, 5 Full, Half

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Parents/Guardian Names \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Race \_\_\_\_\_ Ethnicity-Hispanic or Non-Hispanic

Gender (circle one) M F Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ School District \_\_\_\_\_

Allergies \_\_\_\_\_ Last School Attended \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Father Work (\_\_\_\_) \_\_\_\_\_ Father Cell (\_\_\_\_) \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother Work (\_\_\_\_) \_\_\_\_\_ Mother Cell (\_\_\_\_) \_\_\_\_\_

Parent 2 Name & Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Father Email \_\_\_\_\_ Mother Email \_\_\_\_\_

Maternal Grandparents Name & Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Paternal Grandparents Name & Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

GrandP Email \_\_\_\_\_ GrandP Email \_\_\_\_\_

Emergency Contacts Name & Phone

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

3. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

***A copy of Birth Certificate, Baptismal Certificate & Immunization records must be provided.  
School records for students entering K through 8<sup>th</sup> must also accompany form.***