



Accepted _____

Wait List _____

Notified _____

Application for Admissions 2023-2024

Date _____ **Applying for Grade:** _____ **Circle:** Male / Female

Student Name _____
Last First Middle

Home Phone # (____) _____ Birth date _____ Current Age _____

Address _____
No. Street Apt. # City State Zip Code

Religion _____ Parish _____ Church Envelope # _____

Present Grade _____ School _____

Students resides with: Both Parents _____ Mother _____ Father _____ Other _____

Mother's Name (include maiden) _____ **Father's Name** _____

Address _____ Address _____
If different No. Street City State Zip Code *If different* No. Street City State Zip Code

Email _____ Email _____

Cell Phone # (____) _____ Cell Phone # (____) _____

Occupation _____ Occupation _____

Title or position _____ Title or position _____

Name of Company _____ Name of Company _____

Business Phone # (____) _____ Business Phone # (____) _____

If person other than parent has legal guardianship, please indicate:

Whom _____ Reason _____

Siblings who attend St. Mary School _____



How do you hear about St. Mary School? _____

Has child attended any Milford School in the past No _____ Yes _____

If yes, name of school _____

Has your child repeated any grade? No _____ Yes _____ Grade _____

Has there been a request for any educational evaluation of the child? No _____ Yes _____

Does your child receive any special service at school? No _____ Yes _____

Please check all that apply

Learning Resource (for a learning disability) _____ Speech Therapy _____ Reading or Math _____

Social Worker or Guidance Counselor _____ Other (specify) _____

If a current St. Mary parent recommended our school, please list name: _____

Signed by Parent or Guardian _____ Date _____

Prekindergarten

Class Sessions (*check one*) – For 3 year old program, children must turn three before September 1, 2023. This is mandatory.

____ 3 year old 5 mornings program
Monday - Friday 8:30-11:00

____ 4 year old 3 full day program
Monday, Wednesday, Friday 8:30-2:30

____ 3 year old 3 full day program
Monday, Wednesday, Friday 8:30-2:30 pm

____ 4 year old 5 full day program
Monday - Friday 8:30-2:30 pm

____ 3 year old 5 day program
Monday - Friday 8:30-2:30 pm

Has your child attended preschool before? Yes ____ No ____

If yes, where? _____

****All Children must be completely toilet trained and use the lavatory independently.***

Signed by Parent or Guardian _____ Date _____