



**St. Mary School**  
**1416 Main Street**  
**Mt. Vernon, IL 62864**

**STUDENT REGISTRATION FORM**

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_  
*Family Name First Middle*

Present Address: \_\_\_\_\_  
*Street Address City*

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Transferred From: \_\_\_\_\_

Email Address \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
*Family Name First Middle Int.*

Father's Occupation: \_\_\_\_\_

Deceased \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion: \_\_\_\_\_  
*Maiden Name First Middle Int.*

Mother's Occupation: \_\_\_\_\_

Deceased \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_

Baptism of Child: \_\_\_\_\_  
*Date Church City*

First Communion: \_\_\_\_\_  
*Date Church City*

E-mail Address \_\_\_\_\_

I grant permission to forward the student's records to the new school should I transfer my child.

\_\_\_\_\_  
 Parent's Signature

*\*Additional Information Required:  
 Birth Certificate  
 Baptismal Certificate (If applicable)*

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