



ST. MARY SCHOOL
 274 N. Prospect Street
 Marion, Ohio 43302
 Phone - 740-382-1607
 Fax - 740-382-6577
 Email: school@marionstmary.org
 Website: school.marionstmary.org

Student Name: _____

Parent Name: _____

Grade: _____

Birth Date: _____

REQUIRED FORMS FOR Self-Pay/Financial Aid Applicants	REQUIRED FORMS FOR Ed Choice Scholarship Applicants
_____ Registration Form (blue)	_____ Registration Form (blue)
_____ Family Information Sheet (2 sided)	_____ Family Information Sheet (2 sided)
_____ Birth Certificate (copy)	_____ Birth Certificate (copy)
_____ Immunization Record	_____ Immunization Record
_____ Transportation Form	_____ Transportation Form
_____ Physical Form - Kindergarten only (due by end of first week of school)	_____ Physical Form - Kindergarten only (due by end of first week of school)
_____ Records Release form	_____ Records Release form
_____ Court/Custody papers if needed	_____ Court/Custody papers if needed
_____ Social Security Number	_____ Social Security Number
Payment details: _____ _____ _____	_____ Ed Choice Application _____ Proof of Address (see Acceptable Forms of Address Proof) _____ Income Verification Form and Proof of Income (Ed Choice Expansion only)

Ed Choice – assigned to Taft, Hayes, McKinley, Garfield, Benjamin Harrison or Grant Middle School

Ed Choice Expansion – not assigned to a designated building and meeting the income eligibility guidelines (Guidelines are listed on the Income Verification Form)

Families interested in financial aid need to complete the online FACTS Tuition Assistance Application at www.factstuitionaid.com and the Father Furey Scholarship Application.

If you have questions or need help with the application process please contact the school office at 740-382-1607.

Student has been approved for admissions: _____

Authorized Signature

Primary Parent/Legal Guardian: (Required)

Last Name:_____ First Name:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Email address:_____

Phone Numbers: Primary:_____ Secondary:_____

Receive alerts by (√): Text _____ Email _____

Relationship to student(s) (please circle): Father Mother Legal Guardian/Custodian

School district in which you reside: _____

Secondary Parent: (Optional)

Last Name:_____ First Name:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Email address:_____

Phone Numbers: Primary:_____ Secondary:_____

Receive alerts by (√): Text _____ Email _____

Relationship to student(s) (please circle): Father Mother Stepparent

Send correspondence to secondary parent if not at primary address? yes no

Financial Information:

Is either parent a registered member of St. Mary Church yes no

Do you contribute to St. Mary Church using parish envelopes? yes no

Are you applying for an EdChoice or EdChoice Expansion Scholarship? yes no

Are you applying for FACTS Diocese of Columbus financial assistance? yes no

Are you applying for the Father Furey Scholarship? yes no

How will you pay the balance of tuition not covered by scholarship or assistance?

In full before June 30/\$50 discount In full before August 15 Monthly with FACTS

Student 1

Name: _____

Grade: _____

Date of Birth: _____

Primarily resides with (please circle): Father Mother Both Parents Guardian/Custodian

- Does student currently have an IEP or service plan established? yes no
- Was student born outside US and has NOT finished 3 years of school in US? yes no
- Child's first language _____
- Primary language spoken at home _____

Student 2

Name: _____

Grade: _____

Date of Birth: _____

Primarily resides with (please circle): Father Mother Both Parents Guardian/Custodian

- Does student currently have an IEP or service plan established? yes no
- Was student born outside US and has NOT finished 3 years of school in US? yes no
- Child's first language _____
- Primary language spoken at home _____

Student 3

Name: _____

Grade: _____

Date of Birth: _____

Primarily resides with (please circle): Father Mother Both Parents Guardian/Custodian

- Does student currently have an IEP or service plan established? yes no
- Was student born outside US and has NOT finished 3 years of school in US? yes no
- Child's first language _____
- Primary language spoken at home _____

Student 4

Name: _____

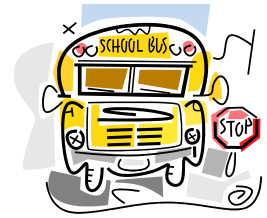
Grade: _____

Date of Birth: _____

Primarily resides with (please circle): Father Mother Both Parents Guardian/Custodian

- Does student currently have an IEP or service plan established? yes no
- Was student born outside US and has NOT finished 3 years of school in US? yes no
- Child's first language _____
- Primary language spoken at home _____

ST. MARY SCHOOL TRANSPORTATION FORM



Dear Parents,

Please indicate your child's **primary** method of transportation. Return this form with your registration packet. For temporary changes to transportation, please notify the office in writing. If a permanent change is needed, please request and complete a new Transportation Form.

Parent Name: _____

Date: _____

Parent Address: _____

Parent Phone Number: _____

Student Name(s): _____

Public School District (circle the name of your home school district):

Marion City

Pleasant

River Valley

Elgin

Ridgedale

Please check appropriately for the PRIMARY mode of transportation:

- My child is a car rider _____ to school _____ home from school
- My child rides the bus _____ to school _____ home from school

Pickup address if different from parent address above:

Drop off address if different from parent address above:

- Other transportation arrangements: _____



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Kindergarten Physical Screening

Name of Child: _____ Gender: M ___ F ___

Birth Date: _____ Age: _____

Parent Name: _____

Address: _____

Objective Data: Height: _____ ()% Weight: _____ ()% BP: _____

Screening Tests:

Vision:

Distance Acuity: Right _____ Left: _____
Muscle Balance: (Near and Far): Pass _____ Fail _____ Not Done _____
Farsightedness: Pass _____ Fail _____ Not Done _____
Color: Pass _____ Fail _____ Not Done _____
Child wears glasses? Yes _____ No _____
Tested with glasses? Yes _____ No _____
Referral made? Yes _____ No _____
Specify test/equipment _____

Hearing:

Pure tone testing:
Right ear: Pass _____ Fail _____ Not Done _____
Left ear: Pass _____ Fail _____ Not Done _____
Child wears hearing aid? Yes _____ No _____
Tested with hearing aid? Yes _____ No _____
Referral made? Yes _____ No _____
Other test (specify) _____

Speech:

Child has discernable speech problem? Yes _____ No _____
Child has possible problem with:
Articulation _____ Rhythm _____ Voice _____ Language _____
Speech evaluation is recommended? Yes _____ No _____

Laboratory Tests:

Hemoglobin/Hematocrit _____ Urine protein _____ Urine blood _____ Urine glucose _____
Other _____

Physical Examination:

This child is essentially within normal limits _____
This child is essentially not within normal limits _____

Explain: _____

Does this child have any physical, developmental or behavioral problems that would require the school to provide special attention, programs, or placement?

Explain: _____

Activities and Limitations:

Can the child participate fully in the following activities:

Classroom and academic activities? Yes _____ No _____

Physical Education activities? Yes _____ No _____

Competitive athletics? Yes _____ No _____

Explain any limitations: _____

Allergies:

Medications: _____

Food: _____

Insect bite: _____

List of Medications (if any): _____

Immunizations:

DPT 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Polio 1 _____ 2 _____ 3 _____ 4 _____

Hep B 1 _____ 2 _____ 3 _____

MMR 1 _____ 2 _____

HIB 1 _____ 2 _____ 3 _____ 4 _____

VARICELLA 1 _____ 2 _____

Examiner:

Name: (print) _____

Address: _____

Phone: _____

Signature: _____

Date: _____