



St. Mary's School Student Application
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1665 Hwy 45 By-Pass Jackson, TN 38305
731-668-2525

Applications must include the following to be processed:

- A copy of the most recent report card AND a copy of the most recent standardized test scores
- Confidential Recommendation Form completed by current teacher, if applicable
- A copy of student's birth certificate
- Baptismal Certificate for all Catholics and the Contributing Catholic Verification Form
- A \$100.00 non-refundable application fee

Student's Name _____
Last First Preferred Male/Female

Grade for which you are applying _____ year _____ Date of Application _____
Month / Day /Year

Street Address _____ City State Zip Code

Date of Birth _____ City/State of Birth Religion

Home Phone _____ Ethnicity

If Catholic, registered member of _____ (Name of Parish)

Sacramental Information for Catholic Applicants:

Date of Baptism _____ Church _____ City and State

Date of First Reconciliation _____ Church _____ City and State

Date of First Communion _____ Church _____ City and State

Date of Confirmation _____ Church _____ City and State

Current School _____ Phone Number _____

Address _____

Has your child been dismissed, suspended, or asked to withdraw from any school? If yes, please explain.

Has your child been administered any diagnostic evaluations (educational or psychological)? Please list.

In relation to significant medical history, are you aware of any accommodations that your child may need to facilitate a smooth transition if accepted to St. Mary's School?

Extra-curricular interests:

Has student previously applied to St. Mary's School? ___ yes ___ no If yes, what year? _____
Has student ever attended St. Mary's School? ___ yes ___ no If yes, what years? _____
Has student ever repeated a grade? ___ yes ___ no If yes, what grade? _____

Is there additional information you would like to communicate concerning your child?

Although we do our best to meet the needs of each student, we are not equipped to teach students with severe learning disabilities. In the event that we cannot meet your child's needs, we will notify you. Please supply any pertinent, past or present information that will help us determine how we can best serve your child.

Mother's Information:

Last Name	First Name	Maiden Name
Occupation	Business Name	Business Phone
Home Phone	Cell Phone	

St. Mary's School Alumnus? ___ Yes ___ No If so, what year? _____

Email Address: _____

Father's Information:

Last Name	First Name	
Occupation	Business Name	Business Phone
Home Phone	Cell Phone	

St. Mary's School Alumnus? ___ Yes ___ No If so, what year? _____

Email Address: _____

Other Children in Family:

<u>Name</u>	<u>Age</u>	<u>School Attending (if applicable)</u>

Is applicant living with both parents? ___ yes ___ no

If not, with whom does applicant live? _____ Relationship: _____

Please note any relatives who have graduated from St. Mary's School:

<u>Name</u>	<u>Class Year</u>	<u>Relationship</u>

If someone referred you to St. Mary's, please list their name: _____

Signature of Parent or Guardian _____