



Saint Mary School

RIDGEFIELD

APPLICATION FOR ADMISSION 2020 - 2021

FOR ADMISSIONS USE ONLY

Date Received: _____

Cash / Check / CC: _____

Amount: _____

KINDERGARTEN—GRADE 8

Applying for Grade _____

Current Grade _____

PRESCHOOL PROGRAMS

3 Yr Old AM Full Day

4 Yr Old AM Full Day

Transitional Kindergarten AM Full Day (TK meets Monday-Friday)

3 Days M/T/W 4 Days add Th or F 5 Days

3 Days T/W/Th 4 Days add M or F 5 Days

3 Days T/W/Th 4 Days add M or F 5 Days

APPLICANT

Name _____ Gender Male Female

Home Street Address _____

City / State / Zip _____ Home Phone _____

Date of Birth _____ Place of Birth _____

Native Language _____ Citizen of _____

Current Parish _____ Candidate for financial aid? Yes No

Baptism Date / / _____ Church/City/State _____

Reconciliation Date / / _____ Church/City/State _____

1st Communion Date / / _____ Church/City/State _____

Ethnic Status Hispanic Non-Hispanic

Race: American Indian/Native Alaskan Asian Black Native Hawaiian/Pacific Islander White Two or more races

CURRENT SCHOOL

Current School _____ School Phone _____

School Address _____

Please list all schools the applicant has attended starting with Preschool:

School Name	City/State	Years Attended

Members of the family who have attended SMS:

FAMILY

(Mr. Dr. Mrs. Ms.) Parent #1 Name _____ (Mr. Dr. Mrs. Ms.) Parent #2 Name _____

Relationship to Applicant _____ Relationship to Applicant _____

Home Address _____ Home Address _____

City / State / Zip _____ City / State / Zip _____

Home Telephone _____ Home Telephone _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Religion _____ Religion _____

Church of Marriage (include City/State) _____

EMPLOYMENT

Company Name _____ Company Name _____

Occupation / Position _____ Occupation / Position _____

Business Phone _____ Business Phone _____

Education _____ Education _____

FAMILY (CONTINUED)

Paternal Grandparents

Maternal Grandparents

Home Address

Home Address

City / State / Zip

City / State / Zip

Email Address

Email Address

Siblings of the Applicant:

Name	Date of Birth	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check all that apply:

<input type="checkbox"/> Applicant lives with both parents	<input type="checkbox"/> Applicant lives with mother	<input type="checkbox"/> Applicant lives with father
<input type="checkbox"/> Applicant lives with guardian	<input type="checkbox"/> Mother deceased	<input type="checkbox"/> Father deceased
<input type="checkbox"/> Parents separated	<input type="checkbox"/> Parents divorced	<input type="checkbox"/> Mother remarried
<input type="checkbox"/> Father remarried	If separated or divorced, who has legal custody of the child/ren? _____	
<input type="checkbox"/> Stepfathers Name _____	<input type="checkbox"/> Stepmother's name _____	

Do you want school material sent to non-custodial parent? Yes No

May school release your child to non-custodial parent? Yes No

Special Services received (check all that apply):

<input type="checkbox"/> ESL	<input type="checkbox"/> Speech Services	<input type="checkbox"/> Occupational Services
<input type="checkbox"/> LD	<input type="checkbox"/> Chapter 1	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Outside Counseling	Has your child received services through Birth to 3? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been requested to attend a PPT (Planning and Placement Team) meeting for your child? Yes No

MEDICAL:

Please note any health problems: (such as asthma, allergies, diabetes, etc.)

Does your child take any medications on a regular basis? If yes, please explain.

OTHER INFORMATION:

How did you hear about Saint Mary School?

<input type="checkbox"/> SMS Parent	<input type="checkbox"/> Friend	<input type="checkbox"/> Newspaper Ad
<input type="checkbox"/> Website	<input type="checkbox"/> Church Bulletin	<input type="checkbox"/> Other

Why are you changing schools? (Applicants for Grades 1-8 only)

PARENT SIGNATURES

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Please return application with a non-refundable application fee of \$50 per child (payable to Saint Mary School) to Saint Mary School, 183 High Ridge Avenue, Ridgefield, CT 06877 ATTN: Admissions. To pay by credit card please phone the main office 203.438.7288, there is a \$1.50 convenience fee per application.

Saint Mary School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.