



ST. MARY CATHEDRAL SCHOOL, GAYLORD, MICHIGAN
2012-13 REGISTRATION FORM

Kindergarten Use Only:
Monday - Friday
Tuesday - Friday

PLEASE PRINT OR TYPE

Family Last Name: Children's Last Name: (if different than family name)

Father: Mr. Dr. Mother: Ms. Mrs. Dr. (include maiden and married name)

Child lives with: Both parents Mother Father Guardian

Guardian (if applicable): Relationship to student:

Physical Address: (Street) (City) (Zip Code)

Mailing Address: (Street-if different or PO Box) (City) (Zip Code)

Would you like to be included in the school family directory? YES NO

Home Telephone: School District:

Dad's email: Mom's email:

Work Place: (Father's place of work & telephone) (Mother's place of work & telephone)

Father's Cell Phone: Mother's Cell Phone:

Religion: Parish:

(**IMPORTANT** - Please provide two names, other than parents for emergency contact)

Name: Relation: Telephone:

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Children attending St. Mary Cathedral School in 2012-13 will be as follows:

Table with 4 columns: Legal Student Name, Grade in September, Date of Birth, Baptized Catholic. Rows for Yes/No entries.

(Parent/Guardian Signature)

RETURN FORM ALONG WITH THE REGISTRATION FEE OF \$100.00 (per family) TO:

St. Mary Cathedral School
Attn: School Registration
321 N. Otsego Avenue
Gaylord, MI 49735-1999

Office use:

Date received: Tuition Amount: \$ Tuition Payment: \$
Registration fee: \$ Tuition Balance: \$ Cash or check#