

REGISTRATION FORM

411 Colorado Ave ~ Morris, MN 56267 p.(320)589-1704 www.stmarysmorris.com

The following information is needed for school records. All information given will be considered confidential. Please call if there is a change in any of this information at any time during the year. **PLEASE PRINT**

51UDENT INFORMATION			
Student's Name Last First	Middle		☐ Male ☐ Female
Grade: Age: Birthdate: _			igion: Catholic Other
Ethnicity: White Asian Black F	Hispanic 🗌 Am. Ind	ian	
Place of Birth: City County	State		
Home Address: Street Co	ity State	Hon	ne Telephone:
PARENT/GUARDIAN INFORMATION			
Parent #1 Name:		Relationship	: Parent Grandparent Guardian
E-Mail Address:		Cell Phone:	
Place of Employment:		_ Work Phone:	
Parent #2 Name:		Relationship	: Parent Grandparent Guardian
E-Mail Address:		Cell Phone:	
Place of Employment:		_ Work Phone:	
Marital Status: ☐ Married ☐ Single Student Lives With: ☐ Father ☐ Mother	· Both Parents	Guardian	
FAMILY INFORMATION			
Number of children in Family: Rar Name: Name: Name:	Age: Age: Age:	Grade: Grade:	St. Mary's Student? Yes No
Family doctor to call in case of emergency	or illness:		Phone:
Emergency Contacts: #1: #2: Will bus transportation be required?	Phone:		
Parent#1 Signature		Parent #2	? Signature Date

In accordance with federal law this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.