PRE-REGISTRATION FORM

Saint Mary Interparochial School Fifth and Locust Streets Philadelphia, PA 19106 215-923-7522

Please print or type all information.			APPLYING FOR GRADE		
				/ /	
Student's Last Name	First Name		liddle Name	Date of Birth	
Address:					
City, State, Zip					
Primary Phone #		Sec	cond Phone #		
Religion:	Catholic	Parish in which you are registered			
	Non-Catholic	_ What denominat	ion?		
Student Social Securi	ity#				
School Presently Atte	ending				
Relatives presently er	nrolled at St. Mary Scl	hool?			
How did you learn ab	out St. Mary Interpare	ochial School?			
Mother's First Name	Maide	en Name	Last Name		
Occupation/Employe	r		Email:		
Father's First Name	Last N				
Occupation/Employe	r		Email:		
Married Separa	ated Divorced	Single	Re-married	_	
Is child living with ar	nyone other than biolo	gical parents? No	Yes		
If yes, please give nar	me and relationship to	child.			
	parents/guardians are				
Name	Cell Phone Number(s)				
Date Received at St	Mary Interparochial S	chool			