



**SAINT MARY STAR OF THE SEA SCHOOL**  
**14 N. Willard Avenue**  
**Hampton, Virginia 23663**  
**757 723-6358**

**APPLICATION FOR 2019-2020**

Dear Parents,

Thank you for considering Saint Mary Star of the Sea School for your child. The families of children presently attending Saint Mary's School have the opportunity to register from January 16- February 1, 2019. We look forward to welcoming your family to St. Mary's. Please note the following information to apply.

**APPLICATION PROCESS**

To apply for 2019-2020

1. The following documents must accompany the application for all new students along with a \$25 application fee:
  - \_\_\_\_\_ Academic Documentation  
(Report card and standardized test scores)  
(No application will be reviewed without recent academic documentation listed above – grades 1-8)
  - \_\_\_\_\_ Birth certificate (must be presented at the time of registration.  
(Required by VA House Bill 946)
  - \_\_\_\_\_ VA School Entrance Health Form before entering school in August.  
(Form can be picked up at the school office)
  - \_\_\_\_\_ Baptism certificate. (Catholic students only)
  
2. A visit and assessment day will be scheduled.
  
3. Consideration for acceptance includes:
  - a. Space available in each class after current families have registered.
  - b. Families who have children presently enrolled will have priority to register siblings.
  - c. Academic records and behavior records review.
  
4. Upon acceptance, the registration fee will be due to secure admission. This fee is non-refundable. More information regarding the new school year will be given at that time.

(Saint Mary Star of the Sea School does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability in its educational program, activities, or employment practices.)



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Date entering \_\_\_\_\_

Grade entering \_\_\_\_\_

**Student Application to Register**  
**School Year 2019-2020**

**New Registration**

**Child's name** \_\_\_\_\_ **Age** \_\_\_\_\_

(Last) (First) (Full middle)

**Race** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Child's address** \_\_\_\_\_

(Street address) (City) (State) (Zip code)

**Place of birth** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

(City) (State)

**Father's name** \_\_\_\_\_

(Last) (First) (Middle)

**Occupation/Rank** \_\_\_\_\_

**Father's address** \_\_\_\_\_ **Home phone** \_\_\_\_\_

(If different from child)

**Mother's name** \_\_\_\_\_

(Last) (First) (Maiden)

**Occupation/Rank** \_\_\_\_\_

**Mother's address** \_\_\_\_\_ **Home phone** \_\_\_\_\_

(If different from child)

Father's religion \_\_\_\_\_ Name of church attending \_\_\_\_\_

Mother's religion \_\_\_\_\_ Name of church attending \_\_\_\_\_

**ROMAN CATHOLIC ONLY** (information pertains to child)

**Baptism** \_\_\_\_\_ Date \_\_\_\_\_

(Church) (City) (State)

**Penance** \_\_\_\_\_ Date \_\_\_\_\_

(Church) (City) (State)

**First Eucharist** \_\_\_\_\_ Date \_\_\_\_\_

(Church) (City) (State)

**EMERGENCY PROCEDURE**

**Father's employer/address** \_\_\_\_\_ **Work phone** \_\_\_\_\_  
**E-mail address:** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Mother's employer/address** \_\_\_\_\_ **Work phone** \_\_\_\_\_  
**E-mail address:** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Emergency contact (other than parents) – must be in immediate area:**  
**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Does your child have any medical conditions/allergies?** \_\_\_\_\_ yes \_\_\_\_\_ no  
**Please describe** \_\_\_\_\_

**Does your child take any medication?** \_\_\_\_\_ yes \_\_\_\_\_ no  
**Please list** \_\_\_\_\_  
(Name of medication) (Condition)

If child does not live with biological parents, please complete the section below and submit the appropriate paperwork:

Guardian's name \_\_\_\_\_  
Relationship \_\_\_\_\_ Home phone \_\_\_\_\_  
Address \_\_\_\_\_ Work phone \_\_\_\_\_  
Work address \_\_\_\_\_ Cell phone \_\_\_\_\_

School last attended \_\_\_\_\_

Has the applicant previously been a student at Saint Mary's? \_\_\_\_\_

I heard of Saint Mary's from \_\_\_\_\_

- Please check below if your child has ever been recommended for or identified as needing:
- Educational Testing
  - Academic/Classroom Accommodations
  - Psychological Evaluation
  - Gifted Program
  - Special Education
  - Grade Retention

If any have been checked, please explain and provide copies of documentation.  
\_\_\_\_\_

All students are accepted on a three-month probation.

\_\_\_\_\_  
**Parent/Guardian signature** **Date**

Affidavit of Prior School Expulsion

As of July 1, 1993 Section 22.1-32 of the Code of Virginia requires upon registration, a sworn statement of affirmation indicating whether the student has been expelled from school attendance at a private or public school for an offense relating to weapons, alcohol, or drugs, or the willful infliction of injury to another person.

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